



SmartMLS Subscriber Affiliation Change Form

Use this form to notify SmartMLS that a Participant, Subscriber, Office Manager, Administrative User, or other authorized user should be removed from SmartMLS access.

Complete any Connecticut Department of Consumer Protection (DCP) actions separately.

1. Individual (Subscriber) with Affiliation Change

Name: _____ SmartMLS ID: _____

Connecticut License Number: _____

Role (check one): ☐ Subscriber ☐ Office Manager ☐ Administrative User

2. Broker (Participant) Information

Participant Name: _____

Office Name: _____ Office ID: _____

3. Reason for Change

- ☐ Association (No longer sponsor their license) or Employment Terminated
- ☐ Transfer to Another Brokerage/Firm
- ☐ Transfer to Referral Brokerage
- ☐ Subscriber is with a Firm Outside of the SmartMLS Service Area
- ☐ Medical Leave
- ☐ Military Leave

Explanation for Medical/Military (if applicable):

4. Participant Certification

- The information provided is true and accurate.
- The individual is no longer authorized to access SmartMLS.
- Any DCP affiliation changes have been completed.
- This request complies with the current SmartMLS Rules & Regulations.

Participant Signature (Broker): _____ Date: _____

Printed Name: _____

Submitting this form does not terminate or transfer a Connecticut real estate license. Participants are responsible for completing any required DCP actions. Current DCP instructions are available at www.elicense.ct.gov.