

CONEJO SIMI MOORPARKASSOCIATION OF REALTORS®

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SEVERANCE

When a Responsible REALTOR® severs a Licensee from his firm, this form must be submitted to the Association no later than 48 hours after such severance.

Name of Licensee severed: \_\_\_\_\_

Home Address of Licensee: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security# \_\_\_\_\_

Real Estate License # \_\_\_\_\_ Membership# \_\_\_\_\_

Severed Licensee: (Check One)

REALTOR® \_\_\_\_\_ SALESPERSON \_\_\_\_\_

Licensee has been informed that their Electronic SupraKey will be deactivated upon processing of this paper work in accordance with Association/MLS rules, and he/she must contact the Association office within 7 days of severance.

\_\_\_\_\_  
Date: \_\_\_\_\_

(Effective)

Responsible REALTOR® Signature: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Number: \_\_\_\_\_

**To email, fax or mail form please refer to address information above.  
If you have any questions, please call the CSMAR Office at (805) 495-4681.**