



# TEAM NAME REQUEST/REGISTRATION

Please review the "**TEAM GUIDELINES**" before submitting your request to the MREC.

Advise if you are sending this request for (check **ONE**): Date \_\_\_\_\_

Team Name Approval and Registration

Add Team Member(s)

Remove Team Member(s)

Change Existing Team Name

Team name requested: \_\_\_\_\_

Current team name (if any): \_\_\_\_\_

Please list all team members; including unlicensed team members (a team must include a minimum of two members---not to include unlicensed members). If more space is required, attach a separate page.

1) \_\_\_\_\_  
(Name) (License Number)

2) \_\_\_\_\_  
(Name) (License Number)

3) \_\_\_\_\_  
(Name) (License Number)

4) \_\_\_\_\_  
(Name) (License Number)

5) \_\_\_\_\_  
(Name) (License Number)

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

Brokerage Address: \_\_\_\_\_

Principal/Managing Broker Name: \_\_\_\_\_  
(Name) (Signature)

Team Leader Name: \_\_\_\_\_  
(Name) (Signature)

E-mail the Request/Registration Forms to: [info@mrec.state.ms.us](mailto:info@mrec.state.ms.us)

Mail Request/Registration Forms to: MREC; P. O. Box 12685 in Jackson, Mississippi 39236-2685

Please indicate an e-mail address for confirmation: \_\_\_\_\_