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):

☐ Team Name Approval and Registration
☐ Remove Team Member(s)
☐ Add Team Member(s)
☐ Change Existing Team Name

Date __________________________

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

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

Please indicate an e-mail address for confirmation: _______________________________________

Rev. 04/2018