



Western Magic Valley Realtors[®]

Office Application

MAIN OFFICE

SATELLITE/BRANCH OFFICE

Office Name: _____

Broker Name: _____

Owner Name (if Branch Office): _____

Broker NRDS #: _____ Broker License#: _____

Date of Activation: _____

New Office Information:

Office Street Address: _____

City/State/Zip: _____

Mailing Address: _____

Office #: _____ Cell #: _____ Fax #: _____

Email Address: _____

Website: _____

***A \$400.00 fee will be charged for a New Office. Please make check payable to: WMVR**

DATE: _____ NAME: _____

REMEMBER YOU NEED TO CONTACT IDAHO REAL ESTATE COMMISSION AT 1-208-334-3285

WWW.IREC.IDAHO.GOV WITH ALL CHANGES YOU MAKE REGARDING YOUR LICENSE

FOR OFFICE USE ONLY:

NRDS#: _____

NRDS__ IMLS__ NL__ SCTC__ WEBSITE__ OFFICE LIST __ QB__