

GREATER FAIRFIELD COUNTY CMLS TERMINATION CERTIFICATION

As required in Section 2.4 of the GFC CMLS Rules and Regulations, the undersigned Broker/Participant or it's duly authorized manager for:

Company Name _____ Office ID: _____
(Clearly print the name of the Company's name and its Office ID)

with its office located in the City/Town of: _____ hereby certify that the following GFC CMLS Subscriber, Office Manager, Administrative Assistant, or User is no longer affiliated with the Broker/Participant:

(Clearly print the name of the GFC CMLS Subscriber or Office Manager/Administrative Assistant or User and their Agent ID)

Further; by signing below the parties certify that the affiliation has been terminated for the reason indicated below (please check the appropriate reason):

- 1 The Subscriber's license has been transferred to an "Affiliated Referral Organization" as defined in Section 2.2.1 of the GFC CMLS Rules and Regulations and the Subscriber will only be engaged in referring customers and clients and are/will not be engaged in listing, selling, leasing, managing, counseling or appraising of real property. (A copy of the letter sent to notify the Connecticut Department of Consumer Protection stating the Subscriber has been transferred to the Referral Organization must be attached)

OR;

2. The above mentioned Subscriber is currently actively engaged in the marketing or appraisal of residential real estate, but is no longer affiliated with any of the Participant's offices located within the GFC CMLS primary service area and the above Subscriber will neither have access or exposure to, nor make use of "the GFC CMLS service" at any time, in any way. If the above Subscriber does become actively engaged in marketing or appraisal of residential real estate within the GFC CMLS service area they will re-affiliate with the GFC CMLS, within ten business days, or be subject to the penalties delineated in the then current GFC CMLS Rules and Regulations.

OR;

3. The above mentioned Subscriber or User is no longer affiliated with our Office/Firm or sponsored under our Broker's License. **(A copy of the letter sent to notify the Connecticut Department of Consumer Protection stating the Subscriber is no longer affiliated with the firm or page two of this document must be attached)**

I/We certify the above statements are true and accurate and that I have notified the Subscriber that a \$50 reinstatement fee will be assessed by the GFC CMLS in the event of his/her future reinstatement to the service.

(Print the Broker/Participant or its duly authorized manager's name)

(Broker/Participant or its duly authorized manager's Signature)

(Print the Subscriber Manager/ Assistant or User's name)

(Subscriber Manager/ Assistant or User's Signature)

(Date)

Date: _____

Department of Consumer Protection
ATTN: License Services
165 Capitol Avenue
Hartford, CT 06106
860-713-6150

The DCP prefers the completed form be emailed to dcp.licenseservices@ct.gov

To Whom It May Concern:

Effective immediately, the salesperson noted below is no longer affiliated with our office/firm or sponsored under our Broker.s License. Please adjust your records accordingly.

Salesperson Information

Last Name: _____ First Name: _____ MI: _____

Resident Street Address

City: _____ State: _____ Zip: _____

Current License
Number: _____

Sponsoring Broker Information

Last Name: _____ First Name: _____ MI: _____

Company or Corporate Name

Address: _____

City: _____ State: _____ Zip: _____

Current License
Number: _____

Designated Broker's Signature

Date: _____