

NEW TEAM APPLICATION

TEAM NAME: _____

OFFICE NAME: _____

OFFICE ADDRESS: _____

OFFICE PHONE: _____

TEAM CONTACT EMAIL ADDRESS: _____

TEAM WEB ADDRESS: _____

TEAM LEAD NAME (MUST BE LICENSED): _____

TEAM LEAD REAL ESTATE LICENSE #: _____

TEAM LEAD NRDS #: _____

MEMBERS ON THE TEAM (PLEASE INDICATE IF THEY ARE ADMINS)

_____	_____
_____	_____
_____	_____

TEAM LEAD SIGNATURE: _____

BROKER-IN-CHARGE SIGNATURE: _____

*****BELOW IS FOR CCAR USE ONLY*****

LOGIN NAME: _____ DATE ENTERED INTO FLEX: _____