SCAAR LOCKBOX OWNERSHIP TRANSFER
(Both owners must be SCAAR Members)

I, _____ _____,
Previous Owner NRDS#

hereby relinquish ownership of the following Supra iBox(es):

_____ _____
Serial # Serial #

_____ _____
Serial # Serial #

_____ _____
Serial # Serial #

_____ _____
Serial # Serial #

_____ _____
Serial # Serial #

_____ _____
Previous Owner Signature Date

****

I, _____ _____,
New Owner NRDS#

hereby accept ownership of the above stated Supra iBox(es).

_____ _____
New Owner Signature Date

_____ _____
Supra Administrator—Nicole Moore Date

Submit this form to: St. Cloud Area Association of REALTORS®

PHONE: 320-253-7149 **FAX: 320-253-9701** **EMAIL: nicole@stcloudrealtors.com**