



Greater Tulsa Association of REALTORS® Referral Status Application

Name of person moving to Referral status _____

License # _____

Home Address _____

City _____ State _____ Zip Code _____

Cell Phone # _____ Email _____

Firm Name _____

Firm Address _____

Firm Phone # _____

Broker Name _____

Broker Signature _____

Date of Signature _____