



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Real Estate Commission**

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llr.sc.gov/re

**REMOVAL AS BIC/PMIC AND TRANSFER OF LICENSE**

This form is for a current broker-in-charge (“BIC”) or property manager-in-charge (“PMIC”):

1. To be removed as the BIC/PMIC from their current firm/office **AND**
2. To become an active status broker or property manager at a different firm/office under the supervision of the other firm/office’s BIC or PMIC.

Please note: This form will not be processed if submitted for a transfer other than for a BIC/PMIC removal and transfer. An active broker, salesperson or property manager wishing to transfer firms/offices should utilize the [Online License Transfer system](#).

**APPLICANT INFORMATION**

License Type: ☐ Broker-in-Charge ☐ Property Manager-in-Charge

Name: \_\_\_\_\_ License No: \_\_\_\_\_  
(As shown on License)

Mailing Address: \_\_\_\_\_  
(Street/PO Box, City, State, Zip)

Home Address: \_\_\_\_\_  
(Street, City, State, Zip)

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Firm/Office Name: \_\_\_\_\_ Office Code: \_\_\_\_\_

Importantly, a firm/office must have a BIC/PMIC. Without one, the firm/office will be closed and any associated licensees with the firm/office will be made inactive until a new BIC/PMIC of record is in place.

If another licensee will be taking over Applicant’s current firm/office as the BIC/PMIC, that individual will need to complete and submit an application to become the new BIC or PMIC of the above listed firm/office. Applications and requirements are located on the South Carolina Real Estate Commission [website](#).

*I hereby attest that I am removing myself as the BIC/PMIC for the above-listed firm/office.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**LICENSEE SUPERVISION**

To be completed by the BIC or PMIC of the firm/office Applicant is transferring to that will supervise Applicant.

Firm/Office Name: \_\_\_\_\_ Office Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street, City, State, Zip)

\_\_\_\_\_  
Signature of BIC/PMIC that will supervise Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of BIC/PMIC that will supervise Applicant

\_\_\_\_\_  
License No.