

CLERICAL MLS USER APPLICATION

**OFFICE PHONE: **CHELOR NAME AND OFFICE ID: CELL PHONE: **BABL ADDRESS* **RESIDENTIAL ADDRESS* CITY: STATE: LAST 4 DIGITS OF SS #: DATE ONNED REALT/OR* MEMBER OFFICE: LAST 4 DIGITS OF SS #: DATE ONNED REALT/OR* MEMBER OFFICE: **Note: Limited Service Only offices are not eligible to add Clerical Users **Note: Limited Service Only offices are not cligible to add Clerical Users **Note: Limited Service Only offices are not cligible to add Clerical Users **Note: Limited Service Only offices are not cligible to add Clerical Users **Note: Limited Real Estate Appraisers must be categorized as a Personal Assistant. **Must Select One: Ompany Clerical Staff - Ability to add! change listings for anyone within user's office. J.,	APPLICANT INFORMATION:			
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	Clerical MLS User Signature:			Date:



CLERICAL MLS USER APPLICATION

REALTOR® CERTIFICATION

If the individual making application for Clerical MLS User is working for a REALTOR® Member other than the Broker, then that REALTOR® Member must also sign the following certification.			
	_, hereby certify that I have read the above application and conditions of individual will comply with the conditions set forth above.		
REALTOR® Signature:	Date:		
BROF	KER CERTIFICATION Required		
Broker Member licensed with my company and will be working as a C appraiser. I have read the above application and conc will comply with the conditions set forth above. I unthe individual being required to join as a REALTOR® retroactive from date of violation for MLS Fees, or if understand that if I wish the above-named individual the access. I further certify that any licensees in my of	, hereby certify that the above-named individual is employed but is not lerical for myself and/or one of my licensees or as a limited real estate litions of a Clerical MLS User and agree that the above-named individual derstand that failure to comply with the above conditions will result in Member and/or a non-member licensee and my office being billed unlicensed that the individual's MLS Access will be terminated. I to obtain SentriKey access, my office will be billed the monthly fee for fice, who will be using the services of the above-named individual, have MLS User access and have agreed to comply with them.		
Broker Signature:	Date:		

Note: To obtain superuser access, please complete the MLS Superuser User Access Authorization.



MLS Superuser User Access Authorization

1,		_, authorize the above REALTOR® or Clerical MLS User to
,——	Broker Name	-,
have I	MLS Superuser access on behalf o	f:
	Office Number(s):	
-	Please select one option if authorizing O	ffice superuser access.
	☐ Office Only: User may add	d and update listings on behalf of the office
	☐ All Members in Office: Us	ser may add and update listings on behalf of office, see
	individual members CMAs	s, contacts, profile, saved searches, etc.
	or	
	An Individual REALTOR® or Mu	ltiple REALTORS® within Office Number:
	• Name:	Signature:
,	• Name:	Signature:
	• Name:	Signature:
	• Name:	Signature:
,	• Name:	Signature:
By sig	gning below, you give this REALT ntire office(s) or the REALTORS®	OR® or Clerical MLS User full access to work on behalf of listed above.
	()	
the en	· ·	Date:

Please return the completed form to Support@gkar.com.