

Multiple Listing Service ASSISTANT APPLICATION

Central 4340 Genesee Ave. #203 San Diego, CA 92117

880 Canarios Ct., Ste. 100 Chula Vista, CA East 1150 Broadway El Cajon, CA 92021

Assistant will read and Initial As an Assistant... 1. I understand that I work directly under the supervision of a Broker Assistant's Participant, R.E., Subscriber, Initials Appraisal Participant or Appraisal Subscriber (Supervisor"). 2. I will not act as a Real Estate Agent, Sales Person or Broker, nor Assistant's will I affiliate my license with an Initials employing broker. 3. I will not show property or refer Assistant's listings to the public. Initials 4. I can only add a listing to the MLS and assign the listing under my Assistant's Supervisor's name. Therefore, I will Initials not have separate listings from my Supervisor. 5. I know that my Supervisor will be the only contact for MLS listings. Assistant's Initials 6. I will not be able to access the MLS and will lose my MLS rights if my Assistant's Supervisor ceases to be a MLS Initials customer. 7. I will not be able to access the MLS if I choose to guit working for my Assistant's Supervisor. Initials 8. I will not use the Customer Agent ID number or passcode of any Assistant's other person or Real Estate agent. Initials 9. I may obtain a Sentrilock Smart Card which will only entitle me to Assistant's access the shackle functions and Initials key compartment on my Supervisor's Sentrilock box. I am prohibited to use this card for any other reason or for any other Agent or Real Estate company other than the Supervisor that I am assisting.

Assistant Information:	
Assistant Name:	
If you have a DRE License v 91910	write your name as it appears on the license.
Telephone Number:	This is the number which will appear in the Roster
☐ I DO hold a CA Real Estate License ☐ I d	lo NOT hold a CA Real Estate License
DDE Lissus #	Applicant Initials Here
	Expiration Date:
Name of Broker/Agent you are assisting:	Agent #
Your email address:	
Office Information:	
Firm Name:	Firm #:
Firm Address:	
Street	Apartment or Suite #
City	State Zip
Office Telephone:	Office Fax:
for as long as I remain an Assistant. I understa	these with such amendments as may be made hereafter and that I have 90 days to attend the mandatory Multiple sible for the security of my Assistant Security Code and se.
Signature of Assistant Date	Signature of Responsible Broker/Agent Date
Multiple Listing Service (MLS). I understand the	d with my office. I authorize this person access to the last I am responsible for the Assistant's use or misuse of e Listing Service (MLS) Rules and Regulations.
Signature of Broker of Record Date	_
MLS Application & Scout Password Fee: \$ MLS Assistant Quarterly Fee: \$34.99	fundable and Non-Transferable 50.00 MLS Assistant Reinstate/Reactivation Fee: \$30.00
Print First/Las	t Name Middle Initial
■ American Express ■ Discover ■ M	aster Visa
Credit Card Number	Expiration Security Code
Name on Card	
Credit Card Billing Address	City State Zip Code
-	