

GENERAL INFORMATION

Employer Name: _____ NAR ID #: _____
Street Address: _____
City: _____ State: _____ Zipcode: _____
Employer Phone: _____ Fax: _____
E-mail: _____ Website: _____

ACTION TO BE TAKEN

New Assistant Reinstate Transfer Remove Replace*
 Personal Assistant Office Assistant Company Assistant

***Contact Association Office for Pricing to Replace an Assistant**

Assistant Name: _____ Email: _____
Agent or office assistant is assigned to: _____ Office Fax: _____
Office Phone: _____
Home Address: _____ Zipcode: _____
City: _____ State: _____
(Required to verify against DBPR records)
Your default password is "password1." Please change your password on the Stellar MLS website at stellarmls.com.

By signing application, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

SIGNATURES

Broker Signature: _____ Date: _____
Assistant Signature: _____ Date: _____

To submit this application, please email Cheri Fountain at cheri@omcar.com

Please allow up to 48 hours for applications to be processed. The cost associated with this application will correlate with the date of submission.

Association: _____

UNLICENSED ASSISTANT/USER APPLICATION

EMPLOYER INFORMATION:

Employer Name: _____ NAR#: _____

Employer Address: _____
Street/P. O Box/Apt. City State Zip

Employer Phone: _____ Fax#: _____

E-Mail: _____ Web: _____

ASSISTANT/USER INFORMATION (check one)

- Personal Assistant (access to only one agent's listings)
- Office Assistant (access to all listings owned by this office)
- Company Assistant (access to all listings owned by this office and any branch offices)

Assistant Name: _____

Agent or office assistant is assigned to: _____

Office Phone: _____ Fax: _____

Home Address: _____
Street/P. O Box/Apt. City State Zip
(Required to verify against DBPR records)

E-Mail: _____

SIGNATURES

Broker Signature _____ Date ____/____/____

Assistant Signature _____ Date ____/____/____

** Please return to your local association/board with a copy of assistant's driver's license, \$65.00 set up fee plus prorated annual fee. Assistant user fee of \$80.00 plus additional LSC fee (if applicable) will be due annually September 30th. Please contact your local association/board for the current fees.