

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 new.membership@omcar.com

Please allow up to three (3) business days for applications to be processed. The cost associated with this application will correlate with the date of submission.



UNLICENSED ASSISTANT/USER APPLICATION

Primary Association/Board _____

EMPLOYER INFORMATION:

Office Name: _____

Office MLS#: _____ Office NRDS#: _____

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)

First Name: _____ Middle Name: _____ Last Name: _____

Preferred name: _____

(Please note this will appear before your last name)

Agent or office assistant is assigned to: _____

Agent MLS ID #: _____

Home Phone: _____ Mobile Phone: _____

Office Phone: _____ Fax: _____

Please select your preferred phone from the following ☐ Home ☐ Mobile ☐ Office

Home Address: _____

City _____ State _____ Zip _____

Assistant E-Mail: _____

SIGNATURES

BROKER SIGNATURE _____ Date _____

ASSISTANT SIGNATURE _____ Date _____

* * Please include a copy of assistant's driver's license when submitting your application