



# APPLICATION FOR UNLICENSED OFFICE STAFF-ASSISTANT

Name: First \_\_\_\_\_ M \_\_\_\_\_ Last \_\_\_\_\_

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Name: \_\_\_\_\_

Office Address: \_\_\_\_\_  
Street, PO Box) City) State) Zip)

Office Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Office Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Main Office Email: \_\_\_\_\_

Staff Email: \_\_\_\_\_

(Must be an active email and cannot be the same as the office email)

Have you previously or currently held a position with an office that has/had a GLAR or other Association membership?

\_\_\_\_ YES \_\_\_\_ NO If yes, name of office \_\_\_\_\_

Do you have an active Real Estate license? \_\_\_\_ YES \_\_\_\_ NO If yes, please attach a copy of license to application.

I will be working on behalf of: *(please check one)*

\_\_\_\_ The Entire Firm (Main office and Branch offices): \_\_\_\_\_

City Location(s) include: \_\_\_\_\_

\_\_\_\_ One Office (please specify): \_\_\_\_\_

\_\_\_\_ Single Agent or Team\* (please specify): \_\_\_\_\_

\*\*\*(Watch for email that will show how to set up teams, work with Matrix add/edit, and other videos)

## Designated Broker Use Only:

*Permission to Access:*

*MLS Office Staff Permission:*

\_\_\_\_ ShowingTime \_\_\_\_ SentriLock

\_\_\_\_ Office Broker \_\_\_\_ Add/Edit

Unlicensed assistant access is available only to an assistant who is not licensed as a real estate broker, salesperson, or appraiser, but has access to the MLS data working on behalf of an RMLS participant or subscriber.

## Broker Certification

I am approving MLS access for the person named above. I will notify my Association immediately when the person named above becomes a licensed agent or appraiser or is no longer engaged by me or my business. If the individual becomes licensed, membership with the Association is required. I further acknowledge that I will be liable for any unauthorized usage of the MLS system as outlined in the RMLS Rules and Regulations.

Broker's Name: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_

Office Staff/Assistant Signature: \_\_\_\_\_

Signature Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_