



South County Service Center
 880 Canarios Ct., Ste. 100 • Chula Vista, CA 91910
 Ofc: 619-421-7811 • Fax: 619-421-0087

East County Service Center
 1150 Broadway • El Cajon, CA 92021
 Ofc: 619-579-0333 • Fax: 619-588-6510

Multiple Listing Service ASSISTANT APPLICATION

Assistant will read and Initial

As an Assistant...

1. I understand that I work directly under the supervision of a Broker Participant, R.E., Subscriber, Appraisal Participant or Appraisal Subscriber (Supervisor"). _____ Assistant's Initials
2. I will not act as a Real Estate Agent, Sales Person or Broker, nor will I affiliate my license with an employing broker. _____ Assistant's Initials
3. I will not show property or refer listings to the public. _____ Assistant's Initials
4. I can only add a listing to the MLS and assign the listing under my Supervisor's name. Therefore, I will not have separate listings from my Supervisor. _____ Assistant's Initials
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 Supervisor ceases to be a MLS customer. _____ Assistant's Initials
7. I will not be able to access the MLS if I choose to quit working for my Supervisor. _____ Assistant's Initials
8. I will not use the Customer Agent ID number or passcode of any other person or Real Estate agent. _____ Assistant's Initials
9. I may obtain a Sentrilock Smart Card which will **only** entitle me to access the shackle functions and 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's Initials

Assistant Information:

Assistant Name: _____
If you have a DRE License 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 do NOT hold a CA Real Estate License _____
Applicant Initials Here

DRE License #: _____ 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: _____

Agreement: I have received and agree to abide by the MLS rules and regulations, as well as all relevant administrative policies. I will observe these with such amendments as may be made hereafter for as long as I remain an Assistant. I understand that I have 90 days to attend the mandatory Multiple Listing Service (MLS) orientation. I am responsible for the security of my Assistant Security Code and will not share or make it available to any one else.

Signature of Assistant Date Signature of Responsible Broker/Agent Date

Agreement: The above Assistant is affiliated with my office. I authorize this person access to the Multiple Listing Service (MLS). I understand that I am responsible for the Assistant's use or misuse of the MLS service, in accordance with the Multiple Listing Service (MLS) Rules and Regulations.

Signature of Broker of Record Date

----- MLS Fees are **Non-Refundable** and **Non-Transferable** -----

MLS Application Fee: \$25.00 Scout Password Fee: \$21.00
 MLS Assistant Quarterly Fee: \$34.99 MLS Assistant Reinstate/Reactivation Fee: \$30.00

Please bill my:    

Total to Charge: \$ _____

My Card Number is: _____ Expiration Date is: _____

Authorized Signature: _____ Date: _____

Office Use Only:
 Assistant # _____ Assistant for Broker/Agent # _____

MLS Auto Debit – I authorize PSAR to use the above credit card to pay for my quarterly MLS fees, due on the last business day of each quarter. (Mar. 31st, June 30th, Sept. 30th and Dec. 31st). If you wish to use a different credit card for your MLS fees please fill in the number below.

Card Number: _____ Expiration Date is: _____
 Authorized Signature: _____ Date: _____