



SOUTHLAND REGIONAL

Copy of Driver's License Required
Driver's License #: _____

Assistant Application
Fees pro-rated monthly

Date: _____

Agent Assistant - works with a single agent. (A licensed/non licensed Assistant with the ability to add/edit listings for only the Agent or Broker to which they are name "Assistant To".) Cancellation of listing(s) must be made by Broker and or Authorizes Office Administrator.

Team Assistant - works with a team of Agents. (A licensed/non licensed Assistant that works with a team with the ability to add/edit listings for Agent, Office Manager, & or Broker to which they are name "Assistant TO".) Cancellation of listing(s) must be made by Broker and or Authorized Office Administrator. **List Team Membership #s:**

Office Assistant - works with the Broker in a single office. (A license/non licensed Assistant with the ability to add/edit listings for all members of an office.) **Give OA access to cancel listings?** ___ YES ___ NO

Multiple Office Assistant - works with the Broker of a multiple FIRM locations. (A license/non licensed Assistant with the ability to add/edit listings for all members within all offices listed.) Give **MOA** access to **cancel** listings? ___ YES ___ NO

Assistant Information

Assistant Name: _____ Assistant ID: _____

Assistant Phone: _____ Assistant E-Mail: _____

Do you **hold** a current valid CalBRE License? **YES**, CalBRE#: _____ **NO** _____ (initial)

If your license status changes, you must contact SRAR Membership Dept: _____ (initial)

Office Information

Firm Name: _____ Firm Number: _____

Firm Address: _____ City: _____ Zip: _____

Firm Phone: _____ Firm Email: _____

Responsible REALTOR®/Broker's Name: _____ Membership #: _____

Agent Information

Agent Name: _____ Membership Number: _____

Agent Phone: _____ Agent E-Mail: _____

Responsible REALTOR®/Broker's Signature: _____ **Date:** _____
 By signing, you as the designated Responsible Realtor® are authorizing the above named assistant access as indicated.

Agent Member for Assistant Signature: _____ **Date:** _____
 I understand that failure to complete Orientation within three concurrent scheduled dates of application will result in cancellation of application and service, and that Association applicant fees will be retained .

Assistant Signature: _____ **Date:** _____
 I understand that failure to complete Orientation within three concurrent scheduled dates of application will result in cancellation of application and service, and that Association applicant fees will be retained . I agree to abide by the MLS Rules.