



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 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.