



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 Authorized 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**  
**List FIRM #'s:**

\_\_\_\_\_

#### 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 #: \_\_\_\_\_

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.