Revised 5-23-2024

SOUTHLAND REGIONAL

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** 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 access to **cancel** listings? ___ **YES** ___ **NO**

_____ _____ _____ _____ _____

Assistant Information

Drivers License # _____ Firm ID _____

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.

7232 Balboa Blvd., Van Nuys, CA. 91406 Membership Dept. Fax 818-786-0364