

# South Tahoe Association of REALTORS®

## Multiple Listing Service Participant/Subscriber Status Form

Complete this form for all participants or subscribers of the MLS.

**Note:** If the participant or subscriber is moving directly from one office to another office, please have the Broker from each office sign this form.

☐ NEW AGENT      ☐ NEW OFFICE/BROKER      ☐ AGENT - OFFICE CHANGE  
☐ AGENT TERMINATION      ☐ OFFICE/BROKER TERMINATION

Name: \_\_\_\_\_ Date of Status: \_\_\_\_\_

MLS Member #: \_\_\_\_\_ CA Real Estate License #: \_\_\_\_\_

**\*PLEASE NOTE\*:** MLS fees are billed quarterly and are not pro-rated upon termination. In order to avoid charges for a new quarter upon cancelling your MLS subscription, you must notify the South Tahoe Association of REALTORS® in writing of your intent to terminate **prior to the start of a new billing quarter**. Billing quarters are January 1<sup>st</sup> – March 31<sup>st</sup>, April 1<sup>st</sup> – June 30<sup>th</sup>, July 1<sup>st</sup> – September 30<sup>st</sup>, and October 1<sup>st</sup> – December 31<sup>st</sup>.

**NEW AGENT/OFFICE/BROKER: Broker's Certification.** I hereby certify that the above named individual, a fully licensed real estate salesperson, or appraiser is affiliated as either an Independent Contractor or an Employee of my office and requires the full benefits of the South Tahoe Association of REALTORS® Multiple Listing Service.

***I understand that this MLS affiliation shall cease upon, but not prior to, receipt of written notification to the South Tahoe Association of REALTORS® of the termination of employment of the above named person.***

Office Name: \_\_\_\_\_ Broker Signature: X \_\_\_\_\_

**TERMINATION: Broker's Certification.** I hereby certify that the above named person is no longer affiliated as an Independent Contractor or Employee of my office. I therefore request that all benefits of the South Tahoe Association of REALTORS® Multiple Listing Service be terminated as of this date. I understand that any existing listing of the above named person shall immediately be transferred to my name, as listing agent, until written notice from myself is received, specifying another salesperson as listing agent, by the South Tahoe Association of REALTORS® Multiple Listing Service.

Office Name: \_\_\_\_\_ Broker Signature: X \_\_\_\_\_

**NEW/OFFICE CHANGE/TERMINATION: Agent's Certification.** Salesperson/Licensee represents that they are duly licensed by the State of California as a ☐ real estate broker, ☐ real estate salesperson.

Salesperson Signature: X \_\_\_\_\_ Contact Phone # \_\_\_\_\_

COOPERATING A SUPRA KEY?

PLEASE INCLUDE THE FOLLOWING INFORMATION

KEY SERIAL NUMBER: \_\_\_\_\_

PIN NUMBER: \_\_\_\_\_

ISSUING BOARD/MLS: \_\_\_\_\_

STAR Office Comments - Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_