



CRMLS Assistant Access Agreement

This agreement is between the South Bay Association of REALTORS® and the supervising broker, supervising agent and the assistant for assistant access to CRMLS.

Assistant Access

In the event that the supervising broker or agent has not paid their MLS fee, the assistant's access will be suspended until all fees are current.

The assistant must be under direct supervision of the supervising agent. Direct supervision as defined in CRMLS Rules section 4.3 and 4.4 means providing instructions, and on a regular basis providing physical observation of the work being performed by User. The Direct Supervisor shall be immediately available to respond to questions from the User.

An Assistant must take an Introduction to Matrix course and they may take any other CRMLS offered trainings.

An Assistant must pay a one-time SBAOR processing fee of \$25, a one-time MLS security fee of \$25 and a MLS fee of \$93 (prorated monthly).

An Assistant will read and agree to abide by the CRMLS Rules and Regulations and the Data Integrity Standards, which prohibits the sharing of their CRMLS password.

Assistants are expressly prohibited from providing MLS information, making photocopies, computer printouts, electronic transfers or downloading of CRMLS data or compilations for **ANYONE** other than the supervising agent and broker under whom the Assistant is registered. All CRMLS data shall be considered confidential and exclusively for the supervising agent and broker under whom the Assistant is registered.

CRMLS Mandatory Matrix Training

I understand that the MLS requires that I attend an Introduction to Matrix training class that must be taken within sixty (60) days from my join date to maintain MLS access. I also understand that there is a no show fee of \$50 if I sign up for a Matrix class and do not cancel within the 48 hour time frame. I also understand that if I do not arrive by the start time of the class, I will not be allowed in and it will be looked at as an absence and a no show fee will be applied. Applicant initials _____

In addition, I understand that if I fail to take an Introduction to Matrix class within 60 days from my join date my MLS access will be suspended. Applicant initials _____

I HAVE READ AND UNDERSTOOD THE ASSISTANT RULES AND ACCESS REQUIREMENTS

Assistant Signature

DATE

Supervising Agent Signature

DATE

Supervising Broker Signature

DATE



CRMLS Assistant Application

Assistant Name: _____
Last First

E-mail Address: _____ Cell Phone Number: _____

Assistant Signature _____ Date _____

ASSISTANT TO

(If Assistant works for more than one agent, each agent must sign a separate application)

Supervising Agent Name: _____
Last First

Agent BRE#: _____ Agent Public ID: _____

Supervising Broker Name: _____
Last First

Office Name: _____

Office Address: _____

The undersigned acknowledge that they assume responsibility for all action taken by the assistant, including any MLS violations and associated fines.

Supervising Agent (please print) Signature Date

Supervising Broker (please print) Signature Date



Member Change Acknowledgement Form

It is very important that the SBAOR has accurate records for all of our members. Therefore, we want to make sure you are aware of our policy.

Please check that we have all of your information correct when you join the SBAOR. If there are any corrections that need to be made please notify us immediately.

If any of your information changes, including your address, phone numbers and most importantly your email address, it is your responsibility to get the new information to us via email or fax.

Please be aware that all of our important announcements, class information, payment receipts and your MLS and Association bill notices go out via email **ONLY**.

By signing this document you are confirming that we currently have all of your information correct and that you will notify us if any of your information changes. You are also acknowledging that you are aware that your billing notices will be delivered via email only and if your email is incorrect or you don't provide us an email address, it will be your responsibility to contact us to receive your bills.

Signature of Applicant

Print Applicant Name

Date of Signature