



Office ID Number _____	Agent ID Number _____
SENTRILOCK Card # _____	

## Reciprocal MLS UPDATE FORM

<b>PLEASE SUBMIT A CURRENT Letter of Good Standing from your Association/MLS THANK YOU!</b>
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Agent Name \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Mailing Address: \_\_\_ Home \_\_\_ Office                      Billing Preference: \_\_\_ Mail \_\_\_ Email

Preferred Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Additional Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Web Page: \_\_\_\_\_

BRE License # /AP Cert # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Designated Broker/Manager Name: \_\_\_\_\_

Broker signature certifies that the above agent is in good standing and authorized to participate with Sandicor Regional MLS in the Statewide Reciprocal Agreement. I understand that I am ultimately responsible for his/her actions.

\*\*Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am aware of the rules contained within the California Master Reciprocal MLS Agreement, and agree to abide by them.

\*\* Agent Signature \_\_\_\_\_ Date: \_\_\_\_\_