



Designated REALTOR® Request for Access to Shared MLS Data

NOTE: Internet access and an E-mail account are REQUIRED for accessing the Ann Arbor, Shiawassee and West Central MLS systems.

**** This form MUST be completed and signed by the BROKER OWNER or DESIGNATED REALTOR® (DR) that is on file for this office with Realcomp. ****

This form is for Realcomp Subscribing Brokers/DRs only. Please fax completed form to: 248-553-4244.

Broker Owner/DR Information

ALL information is required!

Date: _____

Name: _____

Realcomp I.D. #: _____

E-mail: _____

Office Name: _____

Office License #: _____

Office Address:

Street Number Name Suite

City State Zip Code

Office Phone: _____

Office Fax: _____

Please indicate whether this is a first-time request, or if you are requesting an extension for current access:

NEW EXTENSION

Rules for Participation in MLS Data Sharing

1. The Board/Association providing data upholds accuracy of MLS data.
2. All inquiries as to the use of and/or sharing of other MLS systems should be directed to the MLS from which you are a subscriber.
3. The password and access to each requested MLS is **not** to be shared with other offices or individuals outside of your office. Each Broker/DR requesting access must fill out their own form to access the neighboring MLS system(s). Violation of this could result in loss of MLS Data Sharing privileges.
4. This request entitles the user to online access to MLS data only.
5. Each REALTOR® participating in MLS Data Sharing will be expected to abide by the MLS Rules and Regulations, including cooperation and offers of compensation, as published in the MLS in which the listed property is filed, and by the Code of Ethics of NAR and MAR.

Agreement

Select the MLS(s) to which you are requesting permission for access*:

The following will expire **February 1st or August 1st**:

- Ann Arbor Area Board of REALTORS®
Current AA Username & Password:

The following will expire on the **first day of every month**:

- Shiawassee Association of REALTORS®

The following will expire the **last day of every quarter**:

- West Central Association of REALTORS®

I hereby request permission to access the above selected Associations.

As a REALTOR® and a current Subscriber of Realcomp II Ltd., I will abide by the Code of Ethics, including the duty to arbitrate any Contractual dispute, as adopted by the National Association of REALTORS® and the Michigan Association of REALTORS® as from time to time amended.

I hereby agree the information provided on this form is accurate and true.

I further agree to hold Realcomp II Ltd. and its Shareholders harmless against any liability arising from inaccuracy or inadequacy of the information I have provided.

Signature: _____

Date: _____

*** Please note:** The Ann Arbor, Shiawassee and West Central Associations of REALTORS® will issue one (1) login name and password via E-mail **within 48 hours of receipt during business hours Monday through Friday**. This is to be shared by all REALTORS® in your office and your office only, at your discretion.

FOR INTERNAL USE ONLY

APPROVE DATE: _____ BY: _____

EMAILED: _____

ANN ARBOR EXP: _____