



**DESIGNATED REALTOR® REQUEST FOR ACCESS TO SHARED MLS DATA**

**\*\*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 form to: 248-553-4244 OR Email: support@realcomp.com*

**BROKER OWNER/DR INFORMATION**

**ALL information is required!**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Realcomp I.D. #: \_\_\_\_\_

Email: \_\_\_\_\_

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:

\_\_\_\_\_

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:** Ann Arbor will issue one (1) username and password via Email **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: \_\_\_\_\_

EXPIRATION: \_\_\_\_\_