

# PERSONAL ASSISTANT ACCESS FORM

HEARTLAND MULTIPLE LISTING SERVICE, INC.

One Hallbrook Place, 11150 Overbrook Rd., Ste. 100, Leawood, KS 66211

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Email: [membership@kcrar.com](mailto:membership@kcrar.com)

This form must be submitted to the Kansas City Regional Association of REALTORS® and all fees must be paid prior to activation of your Heartland MLS access. It is the obligation of the Participant (Designated REALTOR® Member) to have this form completed in full and submitted for everyone who will become a personal assistant to any Subscriber of the Heartland MLS.

<b>Name of Personal Assistant (please print):</b>		<b>Effective Date:</b>
<b>Contact Number:</b>	<b>Email Address:</b>	<b>Main Office Phone:</b>
<input type="checkbox"/> <b>New Staff ID</b> <input type="checkbox"/> <b>Replacement User</b>	<b>Name of User being replaced:</b>	<b>MLS ID being replaced:</b>
<b>Unlicensed Assistant: Y or N</b> <b>License #: MO _____ KS _____</b> <b>Company holding license**:</b> _____		<b>**Personal assistants whose license is NOT with a REFERRAL ONLY Company will need to join KCRAR as a REALTOR® member for the Broker to avoid receiving an assessment for dues. REALTOR members are not allowed to have HMLS access as PA.</b>

The Personal Assistant, Sponsoring Subscriber, and Participant hereby request access to Heartland Multiple Listing Service, Inc., for the individual shown above and accept all responsibility for their actions as it relates to their use of the MLS system. **All parties agree that the Personal Assistant will use their access for the sole purpose of administrative duties that do not require a real estate license, including but not limited to holding open houses, providing property information to buyers or sellers, showing property, and discussing contracts.**

**The sponsoring Subscriber understands that they will be billed for all fees for the personal assistant.**

PLEASE PRINT:

Sponsoring Subscriber: \_\_\_\_\_ Subscriber User ID: \_\_\_\_\_  
(Agent or Appraiser)

Subscriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Assistant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Name: \_\_\_\_\_ Office MLS Code: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Broker or Responsible Appraiser)

NOTE: Payment for \$25.00 Initial Technology Fee and quarterly HMLS PA access fees (\$45 per quarter) must be included with this Access Form in order to process.

Check/Cash/Money order enclosed/attached

Please charge my:  Visa  Mastercard  Discover  American Express

Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

CID# \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\* FOR MLS OFFICE USE BELOW THIS LINE\*\*\*

USER CODE: \_\_\_\_\_

USER ID: \_\_\_\_\_