PERSONAL ASSISTANT ACCESS FORM

HEARTLAND MULTIPLE LISTING SERVICE, INC.

One Hallbrook Place, 11150 Overbrook Rd., Ste. 100, Leawood, KS 66211 Phone: 913-661-1600 Email: 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.

Name of Personal Assistant (please print):			Effective Date:	
Contact Number:	Email Address:		Main Office Phone:	
New Staff ID	Name of User being replaced:		MLS ID being replaced:	
Replacement User				
Unlicensed Assistant: Y or N		**Personal assistants whose license is NOT with <u>a</u> REFERRAL		
License #: MO KS		ONLY Company will need to join KCRAR as a REALTOR® member		
Company holding license**:		for the Broker to avoid receiving an assessment for dues. REALTOR members are not allowed to have HMLS access as PA.		
		REALTOR Members are not allowed to have nivits access as PA.		
The Personal Assistant, Sponsoring S Service, Inc., for the individual show MLS system. All parties agree that t duties that do not require a real est information to buyers or sellers, sho	n above and accept all resp he Personal Assistant will us tate license, including but no owing property, and discus	consibility for their actions as use their access for the sole not limited to holding open ssing contracts.	it relates to their use of the purpose of administrative houses, providing property	
PLEASE PRINT: Sponsoring Subscriber:		Subscriber	Subscriber User ID:	
(Agent or Appraiser)				
Subscriber Signature:			Date:	
Personal Assistant Signature:			Date:	
Office Name:		Office MLS Code:		
Participant Signature:(Broker or Responsible Appraiser)			Date:	
NOTE: Payment for \$25.00 Initial Te with this Access Form in order to pro	chnology Fee and quarterly ocess.	HMLS PA access fees (\$60.0	0 per quarter) must be included	
Please charge my: Visa	Mastercard D	iscoverAmerican Exp	ress	
Number: Expi		Expiration	date:	
CID# Signature: _				

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

USER CODE: _____ USER ID: ____