



Web: www.statewidemls.com
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MLS NEW SUBSCRIBER AUTHORIZATION

Please fax this form, signed by the Designated REALTOR or Principal Broker, with a copy of the Licensee's Real Estate Salespersons, Broker's, Appraisal, or Appraisal Trainee's license to State-Wide MLS – 401-941-5320.

(Please Note: This form cannot be processed without a copy of Subscriber's License)

Date _____

Name of Licensee/Subscriber _____

License number _____ Expiration date _____

Contact number(s) _____ * Email address _____

* This will be our main source of communication w/ licensee

Check to have contact phone appear on Listings Date of Affiliation _____

I, the **Participant(Designated Broker)**, confirm that the above Subscriber is a licensee in my office and is to be activated in the MLS. I understand that MLS will issue a login/member ID and confidential password to the member that will allow access to MLXchange and will direct my licensee to the video library for training on MLXchange.

I assume responsibility for ensuring that the new member abides by the MLS Rules and Regulations and Policies and for prompt payment of any dues and fees billed to my office on behalf of the licensee. I understand that upon activation, a one-time user activation fee of \$100 will be billed to my office for the subscriber and that the monthly licensee fee of \$30 will commence.

If the licensee leaves my office, I understand that it is my responsibility to promptly notify the Dept. of Business Regulations that the subscriber's license is no longer affiliated with my office and to send RIAR Membership Department -(Fax 401-941-5360) a copy of that notice. Licensee billing will only be terminated on receipt of said notice.

I understand that as a REALTOR Participant, it is my responsibility to notify MLS and my local board/association of REALTORS of all licensees in my office.

PRINT NAME OF PARTICIPANT (BROKER)

SIGNATURE OF PARTICIPANT (BROKER) DATE

REALTOR Board/Association Membership _____

Office Name _____

Office Address _____

Office Phone _____ Fax _____

Please allow 24-48 hours for new agents to be processed.

If you have any questions about this form please contact Josh Mcginn at 401-785-9898 ext. 6932