



Clerical User Application

Applicants are encouraged to apply in person. We require a legible copy of your government-issued ID

APPLICANT INFORMATION

Name: _____ Nickname: _____
Legal Name

Preferred Contact Phone: _____ This is a: Cell Phone Landline

Email: _____ Website: _____

OFFICE INFORMATION

Office Name: _____

Office Address: _____
Street City State Zip Code

Main Office Phone: _____ Office Fax: _____

LICENSE/ASSOCIATION INFORMATION

Assistants must be unlicensed, if assistant holds an active CA Real Estate license it must be placed in "No Broker Affiliation" (NBA) status prior to joining. Visit www.dre.ca.gov for details. If at any time the license becomes active, an Assistant must upgrade membership to the same level of the office's agents or the Broker may be subject to additional fees.

If my license status changes, I understand that I must notify RSAOR immediately. **Initial here:** _____

I do not have a California real estate license

I have a California real estate license (expired, inactive, or active—active licenses must be changed to NBA)

License #: _____ Expiration Date: _____
Applications must include a copy of license.

Date of Birth: _____ Last 4 digits of SSN: _____ (i.e. used to verify your info. in case you forget your password)

Government-Issued ID: _____ Expiration Date: _____
(Driver's License, ID Card, Passport)

RSAOR USE ONLY

USERNAME: _____

PASSWORD: _____

MEMBER #: _____

MLS ACCESS PERMISSIONS

In order to assist a member and login under his/her account, RSAOR must establish the correct permission level. Please fill-in all requested information below.

Please check one (1) box from the options below:

Individual Agent Assistant

- Personal Assistant** with Add/Edit rights only by **Linking ID's** (Reports will read: Working on behalf of Agent).
- Personal Assistant/Private Team** with Add/Edit rights plus full account access. (Please complete CRMLS Private Team Registration Form. Please contact RSAOR membership department to obtain the form).

Office Assistant

- Office Assistant** with Add/Edit rights for the entire office.

PAYMENT INFORMATION

I authorize the Rancho Southeast Association of REALTORS® to charge \$_____ on my

VISA MasterCard American Express Discover (circle one)

Card Number: _____ CVV: _____

Expiration Date: ____/____ Cardholder's Signature: _____

REQUIRED SIGNATURES (All information below is required)

Assistant's Signature: _____ Date: _____

Responsible Agent's Name: _____

Responsible Agent's MLS User ID: _____ Email: _____

Responsible Agent's Signature: _____ Date: _____

Broker of Record Name: _____

Broker's Signature: _____ Date: _____