

Unlicensed Assistant/User Information

Local Service Center: Orlando Regional REALTOR® Association

| EMPLOYER INFORMATION: I | will be working for ☐ Broker or ☐ Agent | (please check one). | Date: _ | | | |
|--|--|--|--|------------|------------|--|
| Broker's Name: | | | ORRA Member #: | | | |
| Agent's Name (if working for an age | ORRA Memb | | | | | |
| Office Name: | MLS I.D.: | | | | | |
| Employer's Address: | D./Apt. City | | | | | |
| Street/P.O./Apt. Employer's Phone: | | State | | Zip | | |
| E-mail: | Web: | | | | | |
| ASSISTANT/PARTICIPANT INFOR | RMATION: ☐ Personal Assistant ☐ Bro | okerage Office Staff / Ass | sistant 🗆 C | Company / | Assistant | |
| Assistant Level | MLX Listing Maintenance Functionality | Description | | | | |
| Personal Assistant (PA) | Search/View Access in MLXchange (No Listing Maintenance) | listings that are assig able to do so via the | Personal assistant that needs to enter or modify listings that are assigned to an individual, will be able to do so via the identity sharing feature (go to www.MFRMLS.com for more information). | | | |
| Brokerage Office Staff Assistant (BA) | Listing Maintenance Access | Office support staff the any listings that are u | Office support staff that needs to enter or modify any listings that are under this office will have ability to do so via the listing maintenance screen. | | | |
| Company Assistant (CA) | Listing Maintenance Access | any listings that are u | Office support staff that needs to enter or modify any listings that are under this office, and any branches that are associated. | | | |
| | | Assistant ID: | her: to be filled in by | y ORRA off | fice staff | |
| | Fax: | Cell Filone | | | | |
| Home Address: | D./Apt. City | State | | Zip | | |
| | | Password: | | | | |
| - | | | 8 letter / maxin | | | |
| Broker's Signature (required): X | | | | / | | |
| Agent's Signature (if working for an agent): X | | | _ | / | | |
| - | ense or government issued ID required. OR | | _ | in DPDD i | | |
| | elise of government issued its required. OR | • | | | | |
| | | • | _ | | | |
| • | eck □ Cash □ MasterCard □ VISA | | | | | |
| | | | | | | |
| Cardholder's Name: | Cardholder's | | | | | |
| Member #: | Firm #: | | Date: _ | / | | |
| FOR ORRA OFFICE USE: | | | | | | |
| ☐ Real estate license checked on | DBPR ☐ Identification verified by photo | ID (form to be retained i | n ORRA files | 3) | | |
| ORRA Staff: | Date: | | | | | |
| | | | | | | |