

MLS PARTICIPANT (NON-ARBOR MEMBER) **VERIFICATION FORM**

ARLINGTON BOARD OF REALTORS®, INC.
EACH LICENSEE ASSOCIATED WITH MLS PARTICIPANT
MUST COMPLETE THIS FORM OR AN MLS WAIVER FORM

DATE _____ NRDS# _____

MLS USER _____ LICENSE # _____

_____ MLS PARTICIPANT (BROKER OF RECORD)

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

AGENT PREFERRED ADDRESS _____

CITY, STATE, ZIP _____

AGENT EMAIL ADDRESS _____

AGENT AFTER HOURS PHONE _____

AGENT PRIMARY BOARD MEMBERSHIP _____

The above licensee indicates that you are the responsible MLS Participant. Therefore, you, the undersigned Participant understand that the responsibility and payment of fees in conjunction with the use and access of the Multiple Listing Service, are paid. Upon receipt of verification by broker that the licensee is affiliated with firm, the licensee will receive an access number and code allowing access to MLS data. **All fees and charges begin on the date the Participant signs the form and continues until the Board is notified that the licensee is terminated.**

MLS Fee billed from the date signed by the Participant:

TOTAL MLS FEE: \$ _____

Further, I the undersigned will notify ARBOR if licensee is terminated from the firm with proper written documentation on the MEMBER STATUS CHANGE FORM provided by ARBOR. Fees and charges will be stopped at the end of the quarter in which official notification of termination is given and received by ARBOR.

_____ DATE _____
MLS Participant Signature (Broker of Record)

ARBOR Phone #: 817-701-2490
ARBOR FAX #: 817-701-2496