

ADDENDUM C

**Williamsburg Multiple Listing Service, Inc. Start and/or Transfer Services Form
AND Williamsburg Area Association of REALTORS® Transfer Form
757-253-1559 FAX**

IMPORTANT NOTE: The information on this form cannot be processed until ALL information has been completed. No exceptions can be made. If you have any questions please call 757-253-0028. Transfer Fee: \$50 per individual.
The completion of a three (3) hour Basic Training Class is required within (45) days of start date for continued access to the WMLS.

COMPANY INFORMATION

Effective date to start and/or transfer services: _____ (45 day training requirement begins with this "effective" date)

Company Name: _____ Phone: _____

Company Address: _____ City _____ State _____ Zip _____

Principal/Managing Broker's (Participant) Name: _____

*Principal/Managing Broker's (Participant) Signature: _____

***If transferring WMLS services, by signing this form (& by Master Lease Agreement signed by Broker/Participant on file at WAAR), Broker/Participant agrees to allow Subscriber to lease a SentiCard.**

SUBSCRIBER INFORMATION (REALTOR®, AUTHORIZED ASSISTANT, APPRAISER, OR STAFF)

IMPORTANT: If **starting** WMLS services all Participants, Subscribers, Appraisers, Authorized Assistants and/or Staff are required to attach a signed copy of Addendum "B" **LICENSE AGREEMENT** to acquire and maintain access to the WMLS database.

1. Name (please print): _____

Designations: ABR CCIM CRB CRS CSP GRI SRES OTHER _____

2. R.E. License # _____ Exp. Date: _____ Appraiser's License # _____ Exp. Date: _____

3. Are you transferring from another real estate office? Yes No If Yes, are you currently receiving a WMLS IDX Link? Yes No

If Yes, name of previous R.E. office _____

4. Do you currently hold (or have ever held) REALTOR® membership with a local Association? Yes No

If "Yes", which Association? _____ National Realtor Database System (NRDS)# _____

5. Are you an office staff person? Yes No Are you an "Authorized Assistant"? Yes No If "Yes", whose Assistant? _____

6. Home Address: _____ City _____ State _____ Zip _____

7. Home Phone: _____ Voice Mail#: _____ Fax #: _____ Cell Phone _____

8. Preferred Business Email Address: _____ Website Address: _____

9. Birthday (Optional): _____ SS#(Optional): _____

10. Preferred Mailing/Billing Address (choose only one) Home Office

11. Preferred Phone Number (choose only one) Home Mobile Office Voice Mail

SUBSCRIBER Signature _____

(Signatures indicate acceptance of the WMLS/WAAR policy stating that the subscriber/participant is responsible for a \$50 transfer processing fee.)

OFFICE USE ONLY

FLEX Login ID: _____ FLEX Class Scheduled Date: _____ Transfer Fee (WAAR/WMLS) _____ Rapattoni _____ Emailed User Confirmation _____