Spokane REALTORS® Broker Listing Input Authorization

Authorization Grantee:	
Office Name:	Office Number:
This form, signed by the Participant, grants authorization REALTORS® MLS Introduction and/or On-line Broker Load (Lis	
On satisfactory completion of class, the S.R. will permit this a Listing Input will not be permitted until this form is signed by t	O i
Broker ID:	
PASSWORD REMINDER: DO NOT DISCLOSE YOUR PASSWO agent ID, name/company name or initials or repeating char	
Participant: INITIAL EACH ITEM TO INDICA	TE SECURITY LEVEL TO BE ALLOWED
Add/change own listings Add/change office listings Add/change all branch office list	Security Level 4 Security Level 5 tings Security Level 6
The MLS Steering Committee has ruled that every individua Listing Service Online System, is required to attend a training	· · · · · · · · · · · · · · · · · · ·
NOT TO DISCLOSE PASSWORD As per Sec. 10, of the Rules Listing Service, member agrees not to disclose password to assistants, another member, a person associated with anomember's office) and acknowledge that any disclosure will seemay cause irreparable injury to the S.R., its members and all of	any third party whomever (including, but not limited to ther member or any other person associated with the eriously jeopardize the security of the entire system and
In the event of disclosure and/or use of the password by an assessed as per Sec. 7, against the Participant. In additional Participant.	
Information obtained from the S.R. Online will be used expenses and Regulations of the Spokane REALTORS $^{\!\circ}\!\!\!\!$.	clusively by authorized members in compliance with
Authorization Grantee Signature	Participant/Broker Signature