



SPOKANE ASSOCIATION OF REALTORS®

Broker Listing Input Authorization

For: _____
[Print name of person to be granted listing input privileges]

Date: _____

Office Name: _____

Office #: _____

This form, signed by the Participant, grants authorization for the person named above to attend the Spokane Association of REALTORS® MLS Introduction and/or On-line Broker Load (Listing Input or "LIP") training class.

On satisfactory completion of class, the S.A.R. will permit this agent to perform the functions marked below. Access to Listing Input will not be permitted until this form is signed by the Participant and received by the S.A.R.

Broker ID: _ _ _ _ _

PASSWORD REMINDER: DO NOT DISCLOSE YOUR PASSWORD TO ANYONE FOR ANY REASON! And don't use your agent ID, name/company name or initials or repeating characters, i.e. 11111.

Participant: INITIAL EACH ITEM TO INDICATE SECURITY LEVEL TO BE ALLOWED
Add/change own listings Security Level 4
Add/change office listings Security Level 5
Add/change all branch office listings Security Level 6

The MLS Steering Committee has ruled that every individual that has access to the Spokane Association of REALTORS® Multiple Listing Service Online System, is required to attend a training class at the SAR and agrees:

NOT TO DISCLOSE PASSWORD As per Sec. 10, of the Rules and Regulations of the Spokane Association of REALTORS® Multiple Listing Service, member agrees not to disclose password to any third party whomever (including, but not limited to assistants, another member, a person associated with another member or any other person associated with the member's office) and acknowledge that any disclosure will seriously jeopardize the security of the entire system and may cause irreparable injury to the S.A.R., its members and all other Users.

In the event of disclosure and/or use of the password by anyone other than the above named agent, a fine may be assessed as per Sec. 7, against the Participant. In addition, other disciplinary action may be taken against the Participant.

Information obtained from the S.A.R. Online will be used exclusively by authorized members in compliance with Rules and Regulations of the Spokane Association of REALTORS®.

Broker/Staff name : _____
[Signature]

Participant (broker) : _____
[Signature]

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