

Association: Pinellas REALTOR® Organization & Central Pasco REALTOR® Organization

UNLICENSED ASSISTANT/USER APPLICATION

	EMPLOYER INFORMATION:			
E-Mail: Web:	Employer Name:	NAR#:		
E-Mail: Web:	Employer Address:			
E-Mail: Web:	Street/P.O. Box/A	Apt. City State	9	Zip
ASSISTANT/USER INFORMATION (check one) [] Personal Assistant (access to only one agent's listings) [] Office Assistant (access to all listings owned by this office) [] Company Assistant (access to all listings owned by this office and any branch offices) Assistant Name:	Employer Phone:	Fax #:		
[] Personal Assistant (access to only one agent's listings) [] Office Assistant (access to all listings owned by this office) [] Company Assistant (access to all listings owned by this office and any branch offices) Assistant Name: Agent or office assistant is assigned to: Office Phone: Fax: Home Address:	E-Mail:	Web:		
Company Assistant (access to all listings owned by this office) Company Assistant (access to all listings owned by this office and any branch offices) Assistant Name: Agent or office assistant is assigned to: Office Phone: Fax: Home Address: Street/P.O. Box/Apt. (Required to verify against DBPR records) E-Mail: SIGNATURES Broker Signature Date /	ASSISTANT/ USER INFORMATIO	N (check one)		
Agent or office assistant is assigned to: Fax: Office Phone: Fax: Home Address: City State Zip (Required to verify against DBPR records) E-Mail: SIGNATURES Broker Signature Date//	[] Office Assistant (access to all lis	stings owned by this office)	ch offices)	
Office Phone: Fax: Home Address: Street/P.O. Box/Apt. City State Zip (Required to verify against DBPR records) E-Mail: SIGNATURES Broker Signature Date//	Assistant Name:			
Home Address: Street/P.O. Box/Apt. City State Zip (Required to verify against DBPR records) E-Mail: SIGNATURES Broker Signature Date//	Agent or office assistant is assigne	d to:		
(Required to verify against DBPR records) E-Mail: SIGNATURES Broker Signature Date/_/	Office Phone:	Fax:		
(Required to verify against DBPR records) E-Mail: SIGNATURES Broker Signature Date/_/	Home Address:			
SIGNATURES Broker Signature Date//_	Street/P.O. Box/Apt.	City	State	Zip
Broker Signature Date//_	E-Mail:			
	SIGNATURES			
Assistant Signature Date/_ /	Broker Signature			Date//
	Assistant Signature			

Applications are processed by PRO/CPRO. Stellar MLS will invoice you in approximately two business days after your application has been processed.

Please return to Pinellas REALTOR® Organization with a copy of assistant's driver's license to membership@pinellasrealtor.org or fax to 727-231-8060. Annual invoice will be emailed by Stellar MLS in August.

* Please contact Membership for the current fees at 727-347-7655 Option #2.