



**Declaration and Acknowledgement of Office Administrator/Member Assistant**

Administrator  
/Assistant  
Initials

- 1. I have read this entire document and understand the agreements made by the NAR member by whom I am employed and who made this application for an Access Code on my behalf (my "Employer"). \_\_\_\_\_
- 2. I am not registered to trade in real estate under the Real Estate and Business Brokers Act. I agree to notify my Employer immediately if I become registered. \_\_\_\_\_
- 3. I understand that I am being provided with an Access Code for the sole and exclusive purpose and to the extent required to assist my Employer in his/her/its real estate business, and that I do not have the right to use, reproduce, print, publish, sell, rent or otherwise distribute the NAR's MLS® Data for any other purpose whatsoever. I understand that MLS® Data is confidential and no part of it may be sold or distributed to any third party or used in any manner that is not authorized by the NAR. \_\_\_\_\_
- 4. I will not disclose my Access Code to anyone, including other employees of the same company. \_\_\_\_\_
- 5. I understand that my Access Code may be suspended by the NAR at any time, for any reason. \_\_\_\_\_
- 6. I understand that use of the MLS® Data is subject to the NAR's MLS® Rules and Regulations and policies, and that both my Employer and I will be held responsible for my misuse of the MLS® Data. I understand that my Employer has been provided with a copy of the MLS® Rules and Regulations. \_\_\_\_\_
- 7. I understand that I must take MLS® Database training at NAR and that such training must be one of the first two such training sessions offered by NAR following acceptance of my application and access to the MLS® database. \_\_\_\_\_
- 8. I understand that, notwithstanding any sanctions and/or penalties imposed by the NAR against my Employer, the NAR reserves the right to seek any and all redress and remedies available to it in a civil action against me personally for any unauthorized use of or unauthorized access to the MLS® Data through the use of my Access Code. \_\_\_\_\_
- 9. Please list any other current employment.
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
- 10. If your employment changes (you accept other employment) you agree to notify the Association.

I confirm that the information provided in this application is true and accurate. Furthermore, if applicable, this supersedes any previous access agreement I may have signed. I have discussed with my Employer/Employee all the responses made in this application.

**PASSWORD** \_\_\_\_\_  
(must contain at least 6 alpha letters and 2 numbers to a maximum of 12 Characters)

Name of Administrator/Assistant	Signature of Administrator/Assistant	Date
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\_\_\_\_\_  
Administrator/Assistant E-mail Address

Name of Member	Signature of Member	Date
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I confirm that the information provided in this application is true and accurate. I have discussed with the Member/Assistant all the responses made in this application. I acknowledge that it is my responsibility to notify the Association Office in writing upon my Office Administrator/Assistant's termination.

Name of Broker of Record	Signature of Broker of Record	Date
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**PAYMENT**

**Payment enclosed:**

\$20.00 + HST (\$22.60) for the SAFEMLS Set-Up Fee as charged by the supplier **PLUS**

\$43.50 + HST (\$49.16) Quarterly fee **PLUS**

\$25.00 + HST (\$28.25) One-time fee for NAR Matrix Training

**After initial payment, the quarterly fee will be charged to the Member on his/her quarterly invoice.**

Total amount to be paid \$\_\_\_\_\_.

Name on Card: \_\_\_\_\_

Payment by:    Cheque                       VISA                       MasterCard

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_