

MetroTex Use Only	DATE: _____	BY: _____	MEM #: _____	FIRM #: _____
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**MetroTex
Association of
REALTORS[®], Inc.**

STATUS CHANGE FORM



**Greater Metro
Multiple Listing
Service**

Please submit a separate form for each individual.
Allow two working days after receipt for processing.
Fax: 214-637-5951 or 817-796-5421

1 <input type="checkbox"/>	Agent Name: _____ Agent License #: _____ Reporting Office: _____ Street Address: _____ Phone #: _____ City: _____ State: _____ ZIP: _____
2 <input type="checkbox"/>	<input type="checkbox"/> UPDATE/CHANGE AGENT INFORMATION: (if MetroTex is not your primary Board, please attach a letter of good standing from your primary board) Primary Board: _____ Email: _____ <small>(email address is required for all billings)</small> Main Contact Phone: _____ Soc. Security #: _____ Home Address: _____ City: _____ Zip: _____ <input type="checkbox"/> Check here if home is preferred mailing address (all bills are sent via email) <input type="checkbox"/> Check here if personal fax is preferred fax. Fax Number: _____
3 <input type="checkbox"/>	MLS ACCESS LEVEL: <input type="checkbox"/> Agent- Add/Modify (06) <input type="checkbox"/> Agent/No Load(04) <input type="checkbox"/> Designate /Mgr.(03) <input type="checkbox"/> Office Mgr.(23) <small>(The Designate/Mgr. access level allows add/modify access to all listings in only the office location the individual is located - The Office Mgr. access level allows add/modify access to all listings in all branch offices associated with the MLS Participant)</small> The following access levels require the name and license # of the agent(s) you will be working for: <input type="checkbox"/> Licensed Personal Asst. (14)** <input type="checkbox"/> Unlicensed Office Asst. (95)** <small>(This access level does not pay quarterly MLS fees)</small> **Name & License Number of agent (s) you assist: _____ _____
4 <input type="checkbox"/>	OFFICE TRANSFER: Receiving Broker assumes responsibility for all KeyCards & KeyBoxes issued to this member. <small>*A \$10 transfer fee will be billed to the licensee once the transfer is completed.</small> FROM Firm: _____ MLS Office Code: _____ Address: _____ Phone #: _____ TO Firm: <u>e-Executive Realty</u> MLS Office Code: <u>EEXE01</u> Address: <u>12444 Research #101</u> Phone #: <u>512-451-3932</u> <u>Austin TX 78759</u> <u>214-785-3932</u>
5 <input type="checkbox"/>	REMOVE/INACTIVATE: License returned to TREC On (Date): _____ Return KeyBoxes or complete Electronic KeyBox Transfer Report to transfer any Keyboxes issued to this member. Display Key and equipment must be returned within 5 days of inactivation of membership.
6 <input type="checkbox"/>	DATE: _____ AUTHORIZED SIGNATORY: _____ <div style="text-align: center; margin-top: 10px;"> <small>(Principal Broker or Authorized Signature)</small> </div>