INSTRUCTIONS TO COMPLETE WAIVER FORM

- Be sure you have the proper waiver form – The proper form is the one with the notation "Revised July 2006" in the lower right – hand corner.

- Check the proper box after the following questions asked on the application:

    - **ARE YOU CURRENTLY ON A WAIVER?**
    - **DO YOU HAVE AN MLS KEY?**

- Type or print the Company Name, Address, Agent's Name and Public ID.

- Check the appropriate box. If you check number:

    1. Be sure to report the tract *and the amount of time* spent on – site.
    2. If you have a long – term illness, you will need to provide a statement from your health care provider.
    3. Be sure to report the place you will be and when you will return. You must also report the reason for you being out of area.

- Print or type the applicant's name, public ID and sign the form.

- Have your Broker complete the final four (4) lines.

- Waivers are granted for 6 months or when the Semi – Annual billing has ended (which ever comes first). If you apply in the middle of the cycle you will have to reapply at the start of the new Semi – Annual billing cycle.

    - April 1st to September 30th October 31st to March 31st

PLEASE NOTE:
Please understand that if *any* of these areas are not properly completed, your waiver could be delayed up to an additional month. If you are in possession of an MLS key your waiver will not be effective until you have returned your key.

***The completion of a waiver form does not constitute an automatic approval of your request for waiver*.** **All criteria must be met and the MLS Committee will review the applications and approve or deny the waiver request. A waiver will not be effective until the first of the month following MLS committee approval at their next meeting *after receipt of your application*.**

APPLICATION FOR WAIVER OF MLS SERVICES

IF YOU ARE A MEMBER OF AN MLS OFFICE YOU ARE CONSIDERED TO HAVE ACCESS TO MLS SERVICES.

ARE YOU CURRENTLY ON A WAIVER? ☐**YES** ☐**NO**

DO YOU HAVE AN MLS KEY? ☐**YES** ☐**NO**

Company Name Broker Code

Address City ST Zip

( ) ( )

Office Phone Number Office Fax Number

Hereby request a waiver of MLS services for:

(Agent's Name) (Public ID)

for a period of not less than 6 months, because (**CHECK APPLICABLE BOX**):

1. ☐ Applicant is an exclusive, on – site, full time (main source of income) tract agent. Identify the tract and the time spent: _____
2. ☐ Applicant is ill (must be long term and must provide a statement from your health care provider). Explain:_____
3. ☐ Applicant is a member of a military reserve unit and is being placed on active duty during a military conflict. Waiver of services and fees will continue until notification by the applicant and broker of his return from active duty.

If the waiver is granted I will not utilize information from the MLS system **NOR WILL I REQUEST OR USE ANY MLS INFORMATION FROM OTHER MLS SUBSCRIBERS.** I understand that I will not have an MLS key and if I possess a Supra Key I must return the key and either the cradle, shell or modem to the association within thirty (30) days from approval of the waiver or be subject to a $249.00 penalty. I understand that I will not be allowed to access the MLS Computer. If I use the MLS computer, or other services, the waiver will be rescinded and I will be charged retroactively for the entire waiver period. I understand that renewal is my responsibility one – month prior to the end of the waiver period.

_____ _____

Print Applicant's Name Applicant's Signature

BROKER CERTIFICATION: I certify that the information on this application is correct. I affirm that the applicant will not use the services of the MLS directly or through another agent while associated with my company. If the applicant does use the services of the MLS without paying for them, I will be held personally and corporately responsible for the entire period previously waived. Furthermore, I agree to an inspection audit at any time throughout the entire waiver period.

_____ _____

Print Broker's Name Broker's Signature

Office Phone:_____ Date:_____/_____/_____