



**MetroList Services, Inc.
Clerical User Registration Form Application
Central Valley Administrative Center**

Thank you for inquiring about participating in MetroList Services, Inc. (MLS). Outlined on this cover sheet are our Clerical User Registration Form procedures.

The following items **MUST BE RECEIVED** in order to process your application request:

- Clerical User Registration Form: Must be fully completed and signed by your office Broker/Participant or authorized signer in order to be processed. Form must also state who will be accepting responsibility for your ongoing quarterly billing.
 - Note: If you are employed by a Subscriber (Real Estate Agent), they will also need to sign the Registration Form. Broker/Participant or authorized signer's signature must still be obtained.
- Background Check Disclosure and Authorization Information Form: Must be fully completed and signed in black ink.
- Picture ID: A copy of your picture ID (driver's license, passport, etc.).
- Payment: Includes Application Start-Up, Background Check and initial quarter fees. Payment must be collected in order to complete the registration process.
 - Note: After initial payment, your quarterly fees will appear on your employing Participants/Subscribers MetroList invoices.

IMPORTANT NOTE: Access to MetroList Services requires that Applicants must either appear in person at any MetroList Administrative Center or submit a notarized application.

You may fax, hand-carry or mail your application package to the Administrative Center of your choice.

Please plan accordingly as access to MetroList's systems will not be granted until the background check has been completed and approved by MetroList.

Central Valley Association of REALTORS®, 16980 S. Harlan Road, Lathrop, CA 95330
209-858-1700 | fax: 209-858-1709 | staff@cvar.org



MetroList Services, Inc. Clerical User Registration Form

For MLS Use Only

Member Num. _____

Office Num. _____

Assoc. Code _____

Applicant Information

I, and my Participant and/or Subscriber, hereby apply for my registration in the MetroList Services, Inc., ("MetroList") Multiple Listing Service ("MLS") as a Clerical User. I understand that if I am employed by more than one Participant or Subscriber, I must complete a separate Clerical User Registration Form with each Participant and Subscriber.

First Name _____ Middle Initial _____ Last Name _____

Nickname _____

Home Street Address _____

City _____ State CA Zip Code + Four _____ -

Company/ Office Information

Office Name _____

Office Street Address _____

City _____ State CA Zip Code + Four _____ -

Office Phone _____ - - Office Fax _____ - -

Applicant Contact Information

Office Phone _____ - - Ext _____

Home Phone _____ - -

Primary Phone _____ - - Secondary Phone _____ - -

Email Address _____

Required For Identification Purposes

Date of Birth _____ / _____ / _____

SSN _____ - - Driver's License Number _____

Mother's Maiden Name _____ Place of Birth _____

License Information

I am registering with the MetroList MLS as a Clerical User. (select one)

I Do I Do Not have a Real Estate License/Appraiser certification.

If you have a license/certification, please complete one or both of the questions below.

BRE License Number _____ BRE License Expires _____ / _____ / _____

BREA Appraiser License Number _____ BREA License Expires _____ / _____ / _____

I am also a member of the following MLS(s) : _____

I have belonged to the following MLS(s): _____

(select one) : I have not been disciplined by one of the above MLS(s)
 I have been disciplined by one of the above MLS(s), and I have attached copies of the discipline

(select one) : I have not been disciplined by the BRE or BREA
 I have been disciplined by the BRE or BREA, and I have attached copies of the discipline

MLS Rules

By signing this registration form, I understand that although I am not a subscriber of the MLS that I agree to abide by the MLS Rules and such other MLS Rules as may hereafter become applicable to Clerical Users:

- a. I meet the definition for registration as a Clerical User: "Clerical Users are individuals (whether licensed or unlicensed) employed by an MLS Participant or Subscriber and registered with the MLS who perform only clerical tasks that do not require a real estate license or an appraiser's certificate or license." (4.3)
- b. I understand that I may have access to the information contained in the MLS solely under the direction and supervision of my Participant and/or Subscriber and that I may not provide, display or reproduce any MLS information to persons other than my Participant and/or Subscriber with whom I am registered. (12.12, 12.13 and 12.14)
- c. I understand that I will be assigned a unique user name ("Agent ID") by MetroList for each individual Participant/Subscriber by whom I am employed. I agree that I shall not permit another person to use my Agent ID for access to the MLS computer system without authorization from MetroList. I understand that unauthorized access to and/or use of computers, computer systems or computer data, including misuse of my Agent ID, is a crime under California penal code section 502. (12.20)
- d. I understand that I am not eligible to lease a Key nor may I use my Participant's and/or Subscriber's Key for any reason. (13)
- e. I understand that my Participant or Subscriber is subject to a fine and/or other disciplinary action up to and including termination of MLS access should I violate any applicable MLS Rule. (15.1.d)
- f. I agree to complete the MLS Orientation Program by reading the MetroList MLS Orientation Program Manual. (4.1 and 4.2)

Authorization and Agreement

I authorize MetroList or its representative(s) to verify any information in this registration form including contacting any MLS, the BRE, current or past brokers, Participants, salespersons, Subscribers or business associates. I further authorize any MLS in which I have been a member or Participant or Subscriber to release all membership and disciplinary records to MetroList or its representative(s).

I authorize my employing Participant and/or Subscriber and/or MetroList to obtain information about me from a third party consumer agency, which information may be used to determine my eligibility to be a Clerical User of the MetroList MLS. I agree that my employing Participant and/or Subscriber and/or MetroList may share with each other any information obtained in this manner. I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand that document.

I further authorize MetroList or its representative(s) to use this information in determining future disciplinary sanctions. I waive any cause of action including, but not limited to, slander, libel or defamation of character resulting from such verification, evaluation or other processing of this registration form or use of the information gathered by MetroList or its representative(s).

Responsible Participant/Subscriber

I understand and agree that if I wish to change, modify, or terminate my MetroList MLS Service, it must be in writing and signed by the responsible Participant/Subscriber.

The following Participant/Subscriber will be taking responsibility for my MetroList Billing after the initial fees and first Quarterly Billing: (select one) Participant Subscriber

Name _____ Agent ID _____

Required Signatures

I declare under penalty of perjury that the information given in this registration form is true and correct.

Executed at _____, CA

Clerical User Signature

Print Clerical User Name

Date

Participant (Broker/Appraiser) Signature

Print Participant Name

Date

Subscriber (Agent/Broker Subscriber) Signature

Print Subscriber Name

Date

DISCLOSURE AND AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

This Disclosure and Authorization is to acknowledge and agree that METROLIST SERVICES, INC. (“the Company”) and/or your employing Participant and/or Subscriber may obtain information about you for purposes of the Company’s determining your eligibility for status as a Clerical User of the Company’s multiple listing service (“MLS”) from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” that includes information about your criminal history. No credit history will be requested by or on behalf of the Company without your being given a further written notice. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Screening Resources (ESR), 7110 Redwood Blvd., Suite C, Novato, California 94945, facsimile no. (800) 399-5423, www.erscheck.com, or another outside organization. However, as the application for approval as a Clerical User is not for employment with the Company, the information that the Company and/or your employing Participant and/or Subscriber may obtain from a third party consumer reporting agency hereunder will be limited to your criminal history. The scope of this notice and authorization is all-encompassing, however, allowing the Company and/or your employing Participant and/or Subscriber to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your status as a Clerical User to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand that document. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company and/or my employing Participant and/or Subscriber at any time after receipt of this authorization and throughout my status as a Clerical User, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Employment Screening Resources (ESR), 7110 Redwood Blvd., Suite C, Novato, California 94945, facsimile no. (800) 399-5423, www.erscheck.com, or another outside organization acting on behalf of the Company, my employing Participant and/or Subscriber, and/or directly to the Company, my employing Participant and/or Subscriber. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company and/or my employing Participant and/or Subscriber whenever you have a right to receive such a copy under California law.

Signature: _____ Date: _____

Print Name: _____

DISCLOSURE AND AUTHORIZATION INFORMATION FORM

(Note: The following information is for identification purposes only. Please print clearly in Black Ink!)

Name: Last	First	Middle
List all other names used in the last 7 years:		
Date of Birth:		Social Security Number:
Drivers License Number:		State issued:
Current Address:		
City:		State:
Zip:		
Address History: List the address, city, state, and zip you have lived or worked in for the past 7 years with approximate dates:		
Dates: / / to / /		
Address:		
City:		State: Zip:
Dates: / / to / /		
Address:		
City:		State: Zip:
Dates: / / to / /		
Address:		
City:		State: Zip:
Daytime phone number: ()		
Email Address:		

METROLIST SERVICES, INC.
One Time Credit Card Payment Authorization

Name on Card _____

Credit Card No _____

Exp. Date _____ Billing Zip Code _____ 3-or-4 digit
Security Code _____

Amount to Charge \$ _____

Authorized Signature _____

This document will be destroyed after processing