



UNLICENSED ASSISTANT/USER INFORMATION

EMPLOYER INFORMATION:

Employer Name: _____ NAR#: _____

Employer Address: _____
Street/P.O Box/Apt. City State Zip

Employer Phone: _____ Fax#: _____

E-Mail: _____ Web: _____

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)

ACTION TO BE TAKEN

New Assistant Reinstate Transfer Remove

Assistant Name: _____

Agent or office assistant is assigned to: _____

Office Phone: _____ Fax: _____

Home Address: _____
Street/P.O Box/Apt. City State Zip
(Required to verify against DBPR records)

E-Mail: _____

Password: _____
(6-12 characters Maximum)

SIGNATURES

Broker Signature _____ Date ___/___/___

Assistant Signature _____ Date ___/___/___

Credit Card # _____ Exp Date _____

Name on Credit Card _____

Assistant Fee from _____ to _____ Yr _____ Amt \$ _____ Set Up Fee \$ _____ Total \$ _____

**** Please return to your local board with a copy of assistant's driver's license, \$65.00 set up fee plus prorated annual fee. Assistant user fee of \$75.00 will be due annually September 30th (additional service center fee may apply)....please contact your local board or MFR for the current fees.**