



# RECIPROCAL BROKER/APPRaiser APPLICATION FORM

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**Please note:**

- Only one password will be issued to each broker or designated appraiser.
- Applications will not be processed unless all information is completed.
- You must submit a letter of good standing from your Primary MLS or Board
- Please print clearly.

I am a Licensed Real Estate Broker or Certified Appraiser under California Law, and I hereby apply for reciprocal participation in the multiple listing service of the Combined LA / Westside Multiple Listing Service, Inc.

1. Firm Name (Must have proof of valid DBA): \_\_\_\_\_

2. Firm Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Firm Phone: (\_\_\_\_\_) \_\_\_\_\_

4. Firm Fax: (\_\_\_\_\_) \_\_\_\_\_

5. Broker Name (as it appears on Real Estate License):

First: \_\_\_\_\_ Last: \_\_\_\_\_

6. Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Home Phone: (\_\_\_\_\_) \_\_\_\_\_

8. Pager Number: (\_\_\_\_\_) \_\_\_\_\_ Home Fax Number: (\_\_\_\_\_) \_\_\_\_\_

9. Social Security Number (Last 4 digits) \_\_\_\_\_

10. D. R. E Number or OREA : \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

11. Type of License: Broker \_\_\_\_\_ Appraiser \_\_\_\_\_

12. I would like my mail sent to my: Home \_\_\_\_\_ Office \_\_\_\_\_

13. E-mail address: \_\_\_\_\_ and/or Web Page \_\_\_\_\_

14. I would like any faxes sent to my: Home \_\_\_\_\_ Office \_\_\_\_\_ E-Mail \_\_\_\_\_

15. Do you belong to a Board of REALTORS™

Yes \_\_\_\_\_ What board? \_\_\_\_\_ Member # \_\_\_\_\_  
No \_\_\_\_\_ Please note that you will have limited access.

16. Primary MLS Name: \_\_\_\_\_

17. Password (You select 6 characters maximum) \_\_\_\_\_

18. I understand that by providing above mailing address(es), e-mail address(es), telephone number(s), and fax number(s), I consent to receive communications sent from CLAW via U.S. mail, e-mail, telephone, or facsimile at those number(s)/location(s).

Broker Signature : \_\_\_\_\_ Date: \_\_\_\_\_