

For TCAOR Use Only:	
User Name:	
Password:	
Date Processed:	
Fee: \$25.00	

RealtyPRO MLS PERSONAL ASSISTANT APPLICATION (Please type or print clearly)

(Please ty	oe or print clearly)		
Name of Assistant:	Date:		
Office/Brokerage:			
Office Address:			
Work Phone No:			
Assistant Work Email Address:			
DRE License: Yes No DRE License #			
Level of Participation: Office Administrative			
Employing Broker or MLS Member:			
Name	NRDS #		
Required: Purpose of accessing the RealtyPRO MLS: (h	ow will Assistant be using the RealtyPRO MLS?)		
	Return Completed Application to:		
Signature of Assistant	Trinity County Association of REALTORS® PO BOX 1606, Weaverville, CA 96093		
Date:	EMAIL: trinityaor@gmail.com		



RealtyPRO MLS BROKER/AGENT CERTIFICATION (Please type or print clearly)

As the Designated Broker, Office	e Manager, and/or Agent of	(Name of Office/Brokerage)	
Access is approved for	me of assistant)	effective on	
Type of Access:	ne oj ussistantj		
Office Administrative	Office Branch Office Corporation		
Personal Assistant	Individual Team		
Virtual Assistant (remote)	Individual Team Primary Location of Remote Assistant		
access to the M is to be deactiva	LS computer or the abovated.	n of REALTORS® (TCAOR) when applicant's e reference REALTOR® member's information ee of \$ 25.00 and that fees are non-refundable.	
I will be liable for TCAOR MLS Rules		the RealtyPRO MLS system as outlined in the	
Designated Broker/Manager/	Agent Name	Date	
Designated Broker/Manager/	Agent Signature	Return Completed Certification to: Trinity County Association of REALTORS® PO BOX 1606 Weaverville, CA 96093 EMAIL: trinityaor@gmail.com	