MLS of Greater Cincinnati, Inc. / CincyMLS.net Agent Information Form (Please Print)

MLS Phone: (513) 761-8833 / MLS FAX: (513) 761-8860 / Revised: 4/9/07

*** INDICATES REQUIRED INFORMATION FOR NEW AND REINSTATED LICENSE**

☐ **New License** ☐ **Reinstated License** **Effective Date**_____

*State File #_____ *Name_____ *Gender ☐ Male ☐ Female

(Print Name as it appears on Real Estate License)

*Primary Board/Association *NRDS#

*(If your Primary Bd/Asoc is Cincinnati, your NRDS# will be assigned, *otherwise you must enter your Primary Bd/Asoc NRDS#)*

*Company Name_____ *MLS Office Id_____

*Company Address_____

Street Address City State Zip

NEW AND REINSTATED LICENSE MUST COMPLETE AGENT CONTACT INFORMATION BELOW

☐ **Contact Phone** ☐ **Home Address** ☐ **E-mail Address** **Effective Date**_____

MLS ID #_____ Name_____

*Agent Contact Phone # (_____) _____— _____ ☐ Cell ☐ Home ☐ Voice Mail ☐ Other

Area Code This number will appear as the contact phone number on MLS reports.

*Agent Home Address_____

Street Address City State Zip

*Preferred Mailing Address ☐ Home or ☐ Office

*Agent Contact E-mail Address_____

UPDATE CONTACT INFORMATION ABOVE FOR AGENT LICENSE TRANSFERS

☐ **Transfer License** ☐ **License Returned to State** **Effective Date**_____

MLS ID #_____ Name_____

Transfer to Company Name_____ MLS Office Id_____

Company Address_____

Street Address City State Zip

Transfer from Company Name_____ MLS Office Id_____

Company Address_____

Street Address City State Zip

REMARKS_____

*Submitted by *Submitted Date

(THIS FORM MUST BE SUBMITTED & SIGNED BY BROKER OR MANAGER OR OFFICE ADMINISTRATOR – ONLY)

*Submitted by E-mail Address_____

Do not write below this line.

MLS Logon

Pro-Rated Dues

MLS	Accounting	E-mail	SUPRA	CABR