

DUES WAIVER REQUEST FOR STATE-REGISTERED APPRAISERS (TRAINEES)

PLEASE EMAIL COMPLETED, SIGNED REQUEST TO MLS@NWAREALTORS.ORG

Date:	
Company Name:	(Company)
Waiver Request For:	(Individual)
Individual Contact E-mail:	
Individual Work Phone:	
Individual hereby requests that Company be exempt for pay REALTORS® MLS (the Service) for individual who is emplothe appropriate state regulatory agency as a State-Registered supervision of a Licensed Appraiser.	oyed by or is affiliated with Company who is registered with
Individual acknowledges that he/she is NOT exempt from the REALTORS® MLS. Lead Appraiser/Office Manager is responsible to the Individual.	
Individual acknowledges that in the event this exemption is until the end of the current billing cycle, at which time said of MLS Service for appraising real estate after passing the Apprexemption shall be automatically revoked and Company/Incompany for the individual for the exemption period.	exemption will be due for renewal. If individual utilizes the
State Registered With:	
State-Registration Number:	
Does the Individual hold an active real estate license?	(YES*) (NO)
	his individual is not engaged in listing, sales, leasing, renting of real property.
The Company and the Individual are responsible for notifying changes, including staff changes and changes in licensing lew waiver.	
Individual has read and agreed to the conditions of the waiv	er.
Individual Signature	Date
Lead Appraiser/Trainer verifies that information on this cor understands the Rules set forth in this contract.	ntract is correct. Lead Appraiser/Trainer verifies that he/she
Signature of Lead Appraiser/Trainer of State-Registered Ap	praiser Date
Printed Name of Lead Appraiser/Trainer of State-Registered	d Appraiser Date