

DUES WAIVER REQUEST FOR STATE-REGISTERED APPRAISERS (TRAINEES)

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

Date:	
Company Name:	(Company)
Waiver Request For:	(Individual)
Individual Contact E-mail:	
Individual Work Phone:	
REALTORS® MLS (the Service) for individual who is en	payment of dues and fees to Northwest Arkansas Board of nployed by or is affiliated with Company who is registered with ered Appraiser, who cannot perform appraisals without the
Individual acknowledges that he/she is NOT exempt from Manager is responsible for distributing/explaining the co	m the Rules of ArkansasONE MLS. Lead Appraiser/Office urrent Rules to the Individual.
effect until the end of the current billing cycle, at which t the MLS Service for appraising real estate after passing t	n is approved by ArkansasONE MLS, said exemption will be in time said exemption will be due for renewal. If individual utilizes the Appraisers Licensing Exam during the exemption period the /Individual shall be responsible for payment of MLS dues and feet
State Registered With:	
State-Registration Number:	
Does the Individual hold an active real estate license?	(YES*)(NO)
	at this individual is not engaged in listing, sales, leasing, renting ing of real property.
The Company and the Individual are responsible for not and changes in licensing levels, or any other changes that	ifying Arkansas ONE MLS of any changes, including staff changes t may affect the status of this waiver.
Individual has read and agreed to the conditions of the w	vaiver.
Individual Signature	Date
Lead Appraiser/Trainer verifies that information on this understands the Rules set forth in this contract.	contract is correct. Lead Appraiser/Trainer verifies that he/she
Signature of Lead Appraiser/Trainer of State-Registered	Appraiser Date
Printed Name of Lead Appraiser/Trainer of State-Regist	ered Appraiser Date