

MLS DUES WAIVER REQUEST

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

Date:				
Company Name:				(Company)
Company Location/Branch:				(Location)
Waiver Request For:				(Individual)
Individual Contact E-mail:				
Individual Work Phone:				
Individual hereby requests that Company be exempt from paymen for individual who is employed by or is affiliated with Company when renting, managing, or appraisal of real property.				
Individual acknowledges that he/she is NOT exempt from the Rule responsible for distributing/explaining the current Rules to the In		ONE MLS. B	roker/Office	Manager is
Individual acknowledges that in the event this exemption is appro- effect until the end of the current billing cycle, at which time said of a Real Estate or Appraiser License during the Exemption Period, of listing, sales, leasing, renting, managing, or appraisal of real prope Company shall be responsible for payment of MLS dues and fees for	exemption will or it is discover erty the exemp	be due for re red the individation shall be a	newal. If indidual is participated	ividual obtains pating in revoked, and
Is this Individual replacing a former Staff, RE Assistant, Office/Pro	operty, or Sala	ried member	? (YES)	(NO)
If yes, please provide the name and MLS ID of the member being i	replaced:			
Does the Individual hold an active Real Estate license (in any state	e)? (YES)	(State)	(NO)	
Has the Individual ever held a Real Estate license (in any state)?	(YES)	_ (State)	(NO)	
Will Individual be engaged in listing, sales, leasing, renting, management	ging, or appra	isal of real pro	perty? (YES)	(NO)
Does the Individual need access to add/edit listings for the office?	(YES)		(NO)	
The Company and the Individual are responsible for notifying Ark and changes in licensing levels, or any other changes that may affechanges.				
Parties have read and agreed to the conditions of the Waiver.				
Individual Signature		Date		
Participant Signature		Date		