



UNLICENSED ASSISTANT/USER INFORMATION

FIRM INFORMATION:

Firm Name: _____ NAR#: _____

Firm Address: _____
Street/P.O Box/Apt. City State Zip

Firm Phone: _____ Fax#: _____

E-Mail: _____ Web: _____

ASSISTANT/USER INFORMATION

(check one)

- Personal Assistant (access to only one agent's listings)
- Office Assistant (access to all listings owned by this office)
- Company Assistant (access to all listings owned by this office and any branch offices)

ACTION TO BE TAKEN

New Assistant Reinstate Transfer Remove

Assistant Name: _____

Agent or office assistant is assigned to: _____

Office Phone: _____ Fax: _____

Home Address: _____
Street/P.O Box/Apt. City State Zip
(Required to verify against DBPR records)

E-Mail: _____ Password: _____

Password must be between 8-12 characters and must contain at least 8 letters and may include numbers

SIGNATURES

Broker Signature _____ Date ____/____/____

Assistant Signature _____ Date ____/____/____

Please return to LAR with a copy of assistant's driver's license, \$65.00 set up fee plus pro-rated annual fee. Assistant user fee of \$100.00 will be due annually September 15th.

Assistant Fee from _____ to _____ Amt \$ _____ + Set Up Fee \$ _____ =Total \$ _____

Credit Card # _____ Exp Date ____/____/____

Circle One: MasterCard Visa AMEX Discover Check# _____

Name on Credit Card _____

Signature of Card Holder _____