



UNLICENSED ASSISTANT INFORMATION

EMPLOYER INFORMATION

Firm Name: _____ NAR#: _____

Employer Name: _____ NAR#: _____

Broker's Name: _____ NAR#: _____

(If Different than Employer)

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

Employer Phone: _____ Fax#: _____

E-Mail: _____ Web: _____

ASSISTANT 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

- Activate
- Delete
- Transfer
- Reinstate

Assistant Name: _____

Office Phone: _____ Fax: _____

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

(Required to verify against DBPR records)

E-Mail: _____ Password: _____
(4/15 characters Maximum)

SIGNATURES

Employer Signature _____ Date ___/___/___

Broker's Signature _____ Date ___/___/___

(If Different than Employer)

Assistant Signature _____ Date ___/___/___

*** Please return to your local board with a copy of assistant's driver's license, activation fee of \$50.00, Semi Annual fee pro-rated monthly (\$6.25 month) through the next billing cycle , and signed copy of the Office/Personal Assistant Policy. * Semi Annual fee of \$37.50 will be billed in September and March**

PAYMENT TYPE: CHECK# _____ CASH VISA MC DISC Amex

Card# _____ Exp Date _____

Name on Credit Card (exactly as printed on card): _____

Billing Address for Credit Card: _____

Card Holder Signature: _____