



Clerical User Registration Form Application

Thank you for inquiring about participating in MetroList Services, Inc. (MLS). Outlined on this cover sheet are our Clerical User Registration Form procedures.

The following items **MUST BE RECEIVED** in order to process your application request:

- Clerical User Registration Form: Must be fully completed and signed by your office Broker/Participant or authorized signer in order to be processed. Form must also state who will be accepting responsibility for your ongoing quarterly billing.
 - Note: If you are employed by a Subscriber (Real Estate Agent), they will also need to sign the Registration Form. Broker/Participant or authorized signer's signature must still be obtained.
- Background Check Acknowledgement and Authorization Form & Form SSA-89 (Authorization for the SSA to Release SSN Verification): Must be fully completed and signed in blue or black ink.
- Picture ID: A copy of your picture ID (driver's license, passport, etc.).
- Payment: Includes Application Start-Up, Background Check and initial quarter fees. Payment must be collected in order to complete the registration process.
 - Note: After initial payment, your quarterly fees will appear on your employing Participants/Subscribers MetroList invoices.

IMPORTANT NOTE: Applicants must either appear in person at any MetroList Administrative Center, submit a notarized application or provide evidence of the Applicant's identity that is satisfactory to MetroList.

You may email, fax, hand-carry or mail your application package to the Administrative Center of your choice.

Please plan accordingly as access to MetroList's systems will not be granted until the background check has been completed and approved by MetroList.



ADMINISTRATIVE CENTER LOCATIONS

Amador County Association of REALTORS®
577 South State Highway 49
Jackson, CA 95642
(209) 223-3874
Fax (209) 223-3876
acar@metrolist.net

Nevada County Association of REALTORS®
336 Crown Point Circle
Grass Valley, CA 95945
(530) 272-2627
Fax (530) 272-2646
ncaor@metrolist.net

Central Valley Association of REALTORS®
531 E Yosemite Avenue
Manteca, CA 95336
(209) 858-1700
Fax (209) 858-1709
cvar@metrolist.net

Placer County Association of REALTORS®
270 Technology Way, Suite 100
Rocklin, CA 95765
(916) 624-8271
Fax (916) 624-8023
pcar@metrolist.net

El Dorado Association of REALTORS®
4096 Mother Lode Drive
Shingle Springs, CA 95682
(530) 676-0161
Fax (530) 676-0180
edcar@metrolist.net

Sacramento Association of REALTORS®
2003 Howe Avenue
Sacramento, CA 95825
(916) 922-7711
Fax (916) 283-8812
sar@metrolist.net

Lodi Association of REALTORS®
777 South Ham Lane, Suite B
Lodi, CA 95242
(209) 368-5316
Fax (209) 368-8289
lar@metrolist.net

Sutter-Yuba Association of REALTORS®
1558 Starr Drive
Yuba City, CA 95993
(530) 674-4222
Fax (530) 674-4304
syaor@metrolist.net

MetroList Modesto & LAR Branch Office
1620 North Carpenter Road, Suite D48
Modesto, CA 95351
(888) 898-9788 Ext 330
Fax (209) 549-7079
modesto@metrolist.net

Yolo County Board of REALTORS®
449 Elm Street
Woodland, CA 95695
(530) 666-4253
Fax (530) 666-7444
ycar@metrolist.net

MetroList Services, Inc.
Clerical User Registration Form

For MLS Use Only	
Member #	_____
Office #	_____
Assoc.	_____

Applicant Information

I, and my Participant and / or Subscriber, hereby apply for my registration in the MetroList Services, Inc., ("MetroList") Multiple Listing Service ("MLS") as a Clerical User. I understand that if I am employed by more than one Participant or Subscriber, I must complete a separate Clerical User Registration Form with each Participant and Subscriber.

Mr Ms First Name _____ M.I. _____ Last Name _____
(As Shown on DRE License)

Generation _____ Nickname _____
(Example: Sr., Jr., etc.)

Mailing Address _____
(Home or P.O. Box)

City _____ State _____ Zip Code _____

Company/ Office Information

Office Name _____

Office Street Address _____

City _____ State _____ Zip Code _____

Office Phone () _____ Office Fax () _____
(Example: (916) 777-7777)

Applicant Contact Information

Office Phone () _____ Ext _____
(Example: (916) 777-7777)

Cell Phone () _____ Home Phone () _____

Other Phone () _____

Primary Phone Office Cell Home Other

Secondary Phone Office Cell Home Other

Email Address _____

Required For Identification Purposes

Date of Birth - - _____
(Example: 01-01-1990)

SSN _____ Driver's License Number _____
(Example: 777-77-7777) ** Last 4 digits required

Mother's Maiden Name _____ Place of Birth _____

License Information

I am registering with the MetroList MLS as a Clerical User. (Select one)

I Do I Do Not have a Real Estate License/Appraiser certification.

If you have a license/certification, please select what type of License.

Agent Broker Corporate Officer Appraiser

License Number _____ Date License Expires _____

I am also a member of the following MLS(s) : _____

I have belonged to the following MLS(s) : _____

(Select One) : I have not been disciplined by one of the above MLS(s)
 I have been disciplined by one of the above MLS(s), and I have attached copies of the discipline

(Select One) : I have not been disciplined by the DRE or OREA
 I have been disciplined by the DRE or OREA, and I have attached copies of the discipline

MLS Rules	<p>By signing this registration form, I understand that although I am not a subscriber of the MLS that I agree to abide by the MLS Rules and such other MLS Rules as may hereafter become applicable to Clerical Users:</p> <ol style="list-style-type: none"> a. I meet the definition for registration as a Clerical User: "Clerical Users are individuals (whether licensed or unlicensed) employed by an MLS Participant or Subscriber and registered with the MLS who perform only clerical tasks that do not require a real estate license or an appraiser's certificate or license." (4.3) b. I understand that I may have access to the information contained in the MLS solely under the direction and supervision of my Participant and/or Subscriber and that I may not provide, display or reproduce any MLS information to persons other than my Participant and/or Subscriber with whom I am registered. (12.12, 12.13 and 12.14) c. I understand that I will be assigned a unique user name ("Agent ID") by MetroList for each individual Participant/Subscriber by whom I am employed. I agree that I shall not permit another person to use my Agent ID for access to the MLS computer system without authorization from MetroList. I understand that unauthorized access to and/or use of computers, computer systems or computer data, including misuse of my Agent ID, is a crime under California penal code section 502. (12.20) d. I understand that I am not eligible to lease a Key nor may I use my Participant's and/or Subscriber's Key for any reason. (13) e. I understand that my Participant or Subscriber is subject to a fine and/or other disciplinary action up to and including termination of MLS access should I violate any applicable MLS Rule. (15.1.d) f. I agree to complete the MLS Orientation Program by reading the MetroList MLS Orientation Program Manual. (4.1 and 4.2) 									
Authorization and Agreement	<p>I authorize MetroList or its representative(s) to verify any information in this registration form including contacting any MLS, the DRE, current or past brokers, Participants, salespersons, Subscribers or business associates. I further authorize any MLS in which I have been a member or Participant or Subscriber to release all membership and disciplinary records to MetroList or its representative(s).</p> <p>I authorize my employing Participant and/or Subscriber and/or MetroList to obtain information about me from a third party consumer agency, which information may be used to determine my eligibility to be a Clerical User of the MetroList MLS. I agree that my employing Participant and/or Subscriber and/or MetroList may share with each other any information obtained in this manner. I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand that document.</p> <p>I further authorize MetroList or its representative(s) to use this information in determining future disciplinary sanctions. I waive any cause of action including, but not limited to, slander, libel or defamation of character resulting from such verification, evaluation or other processing of this registration form or use of the information gathered by MetroList or its representative(s).</p>									
Responsible Participant/Subscriber	<p>I understand and agree that if I wish to change, modify, or terminate my MetroList MLS Service, it must be in writing and signed by the responsible Participant/Subscriber.</p> <p>The following Participant/Subscriber will be taking responsibility for my MetroList Billing after the initial fees and first Quarterly Billing: (select one) <input checked="" type="radio"/> Participant <input type="radio"/> Subscriber</p> <p>Name _____ Agent ID _____</p>									
Required Signatures	<p>I declare under penalty and perjury that the information given in this registration form is true and correct.</p> <p>Executed at _____, CA</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Clerical User Signature</td> <td style="width: 33%; border-bottom: 1px solid black;">Print Clerical User Name</td> <td style="width: 33%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Participant (Broker/Appraiser) Signature</td> <td style="border-bottom: 1px solid black;">Print Participant Name</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Subscriber (Agent/Broker Subscriber) Signature</td> <td style="border-bottom: 1px solid black;">Print Subscriber Name</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table>	Clerical User Signature	Print Clerical User Name	Date	Participant (Broker/Appraiser) Signature	Print Participant Name	Date	Subscriber (Agent/Broker Subscriber) Signature	Print Subscriber Name	Date
Clerical User Signature	Print Clerical User Name	Date								
Participant (Broker/Appraiser) Signature	Print Participant Name	Date								
Subscriber (Agent/Broker Subscriber) Signature	Print Subscriber Name	Date								

SSA FORM 89 INSTRUCTIONS

SSA CONSENT BASED SOCIAL SECURITY NUMBER VERIFICATION (CBSV)

Last Revised: 01.08.2021

Each applicant must complete and sign the SSA Form 89. The information below outlines some important information regarding the completion of the form.

- **The SSA Form 89 must be hand signed (pen and ink) by the applicant. No digital or electronic signatures will be accepted.**
- The form must be protected and non-editable.
- The form must be completed entirely by the applicant and no fields can be pre-populated with the exception of the Reason for Authorizing Consent, the Company Name (Employer) and the Company Agent (ClearStar).
- The SSA Form 89 must be sent in its entirety; none of the form can be missing including the full header and footer sections that include the number and date of the form.
- The form must be the version implemented in December 2020.
- If there is any change, edit, addition, strike through, etc. made to the form SSA 89, the applicant must hand initial all changes.
- If the form is missing or rejected for any reason, we will not proceed with the verification and the requester will be notified through our case management system.

Yellow highlight must be filled out by applicant - handwritten

EMPLOYMENT BACKGROUND CHECK ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ClearStar, Inc. 6250 Shiloh Rd., Suite 300, Alpharetta, GA 30005, 1-877-275-7099, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at <http://www.clearstar.net/privacy-policy/>. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

New York applicants or employees only: You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If an investigative consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Last Name: _____ **First Name:** _____ **Middle:** _____

Signature: _____ **Date:** _____

*If you will be requesting driving records, we recommend you have this form notarized.

Maryland applicants or employees only: Consumer credit reports and/or credit history information may be requested for bona fide purposes that are substantially job-related. Such positions for which bona fide purposes exist that are substantially job-related are: managerial positions; positions that involve access to others' personal information (except for personal information customarily provided in a retail transactions); positions that involve fiduciary responsibility to the employer, including the authority to issue payments, collect debts, transfer money, or enter into contracts; positions that will be provided an expense account or a corporate credit card; and positions with access to trade-secret or other confidential business information.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

Massachusetts applicants or employees only: If an investigative consumer report is requested, you have the right, upon written request, to a copy of the report.

Minnesota applicants or employees only: You have the right in most circumstances to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

New Jersey applicants or employees only: You have the right to submit a request to the consumer reporting agency for a copy of any investigative consumer report the Company requested about you. A summary of your rights under the New Jersey Fair Credit Reporting Act is included.

Washington State applicants or employees only: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Employer please note: If a Minnesota or Oklahoma consumer checks “YES” regarding the consumer report, or if a California consumer checks “YES” regarding the credit report (and you do request a credit report), please fax this form to your ClearStar service center. If consumer checks “YES” regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report, unless you have made prior arrangements for ClearStar to do so on your behalf.

Consumer Information

Last Name: _____ First Name: _____ Middle: _____

Other Names/Alias: _____

*Social Security #: _____ *Date of Birth: _____

Driver's License #: _____ *State of Driver's License: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____ Former Employer: _____

Position: _____ Dates of Employment: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:

Date of Birth:

Social Security Number:

Reason for authorizing consent: (Please select one)

- | | | |
|---|---|--|
| <input type="checkbox"/> To apply for a mortgage | <input type="checkbox"/> To apply for a loan | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account | <input type="checkbox"/> To open a retirement account | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> To apply for a credit card | <input type="checkbox"/> To apply for a job | <u>Background Screening</u> |

With the following company ("the Company"):

Company Name: MetroList Services

Company Address: 3040 Truxel Rd, Ste A, Sacramento CA 95834

The name and address of the Company's Agent (if applicable):

Agent's Name: ClearStar inc

Agent's Address: 6250 Shild Rd, Suite 300, Alpharetta, GA 30005

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified. I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature:

Date Signed:

Relationship (if not the individual to whom the SSN was issued):

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent. We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send to this address only comments relating to our time estimate, not the completed form.**

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.