

Member # \_\_\_\_\_

Office # \_\_\_\_\_

## Office Change Form

Fax or Email completed form to Admin Center	Amador AOR	(209) 223-3876 / <a href="mailto:acar@metrolist.net">acar@metrolist.net</a>	Nevada AOR	(530) 272-2646 / <a href="mailto:ncaor@metrolist.net">ncaor@metrolist.net</a>
	Central Valley AOR	(209) 858-1709 / <a href="mailto:cvar@metrolist.net">cvar@metrolist.net</a>	Placer AOR	(916) 624-8023 / <a href="mailto:pcar@metrolist.net">pcar@metrolist.net</a>
	El Dorado AOR	(530) 676-0180 / <a href="mailto:edcar@metrolist.net">edcar@metrolist.net</a>	Sacramento AOR	(916) 283-8812 / <a href="mailto:sar@metrolist.net">sar@metrolist.net</a>
	Lodi AOR	(209) 368-8289 / <a href="mailto:lar@metrolist.net">lar@metrolist.net</a>	Sutter-Yuba AOR	(530) 674-4304 / <a href="mailto:syaor@metrolist.net">syaor@metrolist.net</a>
	LAR Modesto Branch	(209) 549-7079 / <a href="mailto:modesto@metrolist.net">modesto@metrolist.net</a>	Yolo AOR	(530) 666-7444 / <a href="mailto:ycar@metrolist.net">ycar@metrolist.net</a>

**Current Participant/Responsible Member**

THIS FORM MAY ONLY BE COMPLETED BY A BROKER/APPRaiser PARTICIPANT

Requires a copy of broker's DRE license or a completed DRE form 203 or 204 reflecting this information

Type of Action:

Change existing office information (address, telephone, etc.)

Add new/additional office                      Use Existing MLS Agent ID \_\_\_\_\_

To add a new subscription with a second MLS Agent ID, please submit a Participant/Subscriber Application (additional fees)

Currently an Agent/Appraiser Subscriber, changing status to Broker/Appraiser Participant and opening own office

Broker/Appraiser Name \_\_\_\_\_

**Current Office Information**

Office Name \_\_\_\_\_                      MLS Office ID \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_                      State \_\_\_\_\_                      Zip Code \_\_\_\_\_

Office Phone (    ) \_\_\_\_\_                      Office Fax (    ) \_\_\_\_\_

**New Office Information**

Office Name \_\_\_\_\_                      MLS Office ID \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_                      State \_\_\_\_\_                      Zip Code \_\_\_\_\_

Office Phone (    ) \_\_\_\_\_                      Office Fax (    ) \_\_\_\_\_

Office Mailing Address \_\_\_\_\_

City \_\_\_\_\_                      State \_\_\_\_\_                      Zip Code \_\_\_\_\_

DRE Corporate/Broker License Number \_\_\_\_\_

**Required Signature**

\_\_\_\_\_  
Participant Signature                      Print Participant Name                      Date  
Broker/Appraiser

## Assignment of Listing Rights & Authorized Signer Form

**For MLS Use Only**

Member # \_\_\_\_\_

Office # \_\_\_\_\_

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	LAR Modesto Branch	(209) 523-5317 / <a href="mailto:modesto@metrolist.net">modesto@metrolist.net</a>	Yolo AOR	(530) 666-7444 / <a href="mailto:ycar@metrolist.net">ycar@metrolist.net</a>

**THIS FORM MAY ONLY BE COMPLETED BY A BROKER/APPRaiser PARTICIPANT**

I, \_\_\_\_\_ am the Responsible Member for the below mentioned  
Print Name

Office(s), would like to grant the following Listing Rights and/or individual(s) authorization to sign MetroList applications and change forms on my behalf.

**Type of Request**

Agents Listing Rights       Assign Authorized Signer(s)

**Office Requested For**

This request is for the following Office(s):       All Offices       This Office ONLY

Office Name \_\_\_\_\_      MLS Office ID \_\_\_\_\_

Office Address \_\_\_\_\_

**Agents Listing Rights**

All Agents within the Office(s) are to have the following Listings Rights:

Full Listings Add & Modification Rights       Listing Add Only Rights

No Listings Rights, should only have Search Rights       Listing Modify Only Rights

**Authorized Signer(s)**

Grant the following individual(s) to sign on my behalf for the above mentioned Office(s)

Authorized Name \_\_\_\_\_      MLS Agent ID \_\_\_\_\_

Office Manager (One per Office)       Signer

Authorized Name \_\_\_\_\_      MLS Agent ID \_\_\_\_\_

Authorized Name \_\_\_\_\_      MLS Agent ID \_\_\_\_\_

Authorized Signer - Signature \_\_\_\_\_      Date \_\_\_\_\_

If Non-MetroList Subscriber must be approved and reside outside MetroList's primary county

**\*\* See Attached for additional Offices and/or Signers \*\***

**Responsible Participant Signature**

\_\_\_\_\_

Responsible Participant Signature      Print Responsible Participant Name      Date