

MetroTex Use Only

DATE:

BY:

MEM #:

FIRM #:



MetroTex  
Association of  
REALTORS®, Inc.

## STATUS CHANGE FORM


Please submit a separate form for each individual.  
Allow two working days after receipt for processing.

Email: [membership@dfwre.com](mailto:membership@dfwre.com)

Fax: 214-637-5951 or 817-796-5421



Greater Metro  
Multiple Listing  
Service

1 <input type="checkbox"/>	Agent Name: _____ Agent License #: _____  Reporting Office: _____  Street Address: _____ Phone #: _____  City: _____ State: _____ ZIP: _____
2 <input type="checkbox"/>	<input type="checkbox"/> UPDATE/CHANGE AGENT INFORMATION: (If MetroTex is not your primary Board, please attach a letter of good standing from your primary board)  Primary Board: _____ Email: _____ (email address is required for all billings)  Main Contact Phone: _____ Is this a mobile phone # Y <input type="checkbox"/> N <input type="checkbox"/>  Home Address: _____ City: _____ Zip: _____  <input type="checkbox"/> Check here if home is preferred mailing address (all bills are sent via email) <input type="checkbox"/> Check here if personal fax is preferred fax. Fax Number: _____
3 <input type="checkbox"/>	MLS ACCESS LEVEL: <input type="checkbox"/> Agent- Add/Modify (06) <input type="checkbox"/> Agent/No Load(04) <input type="checkbox"/> Designate /Mgr.(03) <input type="checkbox"/> Office Mgr.(23) <i>(The Designate/Mgr. access level allows add/modify access to all listings in only the office location the individual is located - The Office Mgr. access level allows add/modify access to <u>all</u> listings in <u>all</u> branch offices associated with the MLS Participant)</i>  The following access levels require the name and license # of the agent(s) you will be working for: <input type="checkbox"/> Licensed Personal Asst. (14)** <input type="checkbox"/> Unlicensed Office Asst. (95)** <i>(This access level does not pay quarterly MLS fees)</i>  **Name & License Number of agent (s) you assist: _____  _____
4 <input checked="" type="checkbox"/>	<b>OFFICE TRANSFER:</b> Receiving Broker assumes responsibility for all KeyCards & KeyBoxes issued to this member. <small>*A \$10 transfer fee will be billed to the licensee once the transfer is completed.</small>  FROM Firm: _____ MLS Office Code: _____ Address: _____ Phone #: _____ TO Firm: <u>Dash Realty</u> MLS Office Code: <u>DASHR01</u> Address: <u>13276 Research Blvd., suite # 107,</u> Phone #: <u>877.987.7653</u> <u>Austin TX 78750</u>
5 <input type="checkbox"/>	<b>REMOVE/INACTIVATE:</b> License returned to TREC On (Date): _____ Return KeyBoxes or complete Electronic KeyBox Transfer Report to transfer any Keyboxes issued to this member. Display Key and equipment must be returned within 5 days of inactivation of membership.
6 <input type="checkbox"/>	DATE: <u>2/20/2019</u> AUTHORIZED SIGNATORY: <u>MOHAMMAD-AU TUKDI</u>  <small>3087918F6EC4218... (Principal Broker or Authorized Signature)</small>