

Multiple Listing Service User Fee Exemption Request

Certification of REALTOR® Affiliated with Participant (Broker):

_____ associated with _____
 Name of REALTOR® Requesting Exemption Name of Participant (Broker)

Please answer Y or N to EACH of the following questions and sign below. All questions are required.

NOTE: REALTOR® MEMBERSHIP IS A MINIMUM REQUIREMENT

1. ___Y ___N Does the individual hold REALTOR® status? If No, please contact the board at (734) 761-7340.
2. ___Y ___N Will the duties of this position require use of the MLS?
3. ___Y ___N Will the individual answer questions relating to financing, title insurance or closings for current or potential clients?
4. ___Y ___N Will the individual attend open houses or show properties to potential buyers or tenants?
5. ___Y ___N Will the individual solicit listings or other business via phone, text, email or social media?
6. ___Y ___N Does the individual belong to another MLS? If Yes, Name of MLS _____
7. ___Y ___N Is the individual an employee who receives a W2?
8. ___Y ___N Does the individual work exclusively within the brokerage's Closing or Relocation department(s) (does not show, list, sell, lease or appraise)?
9. ___Y ___N Is the individual exclusively involved in Residential or Commercial property management (does not show, list, sell, lease or appraise)?
10. ___Y ___N Other than the participant, is the individual a corporate officer who does not show, list, sell, lease or appraise real property?
11. ___Y ___N Does the individual hold an Appraiser license? If Y, License Type _____
12. ___Y ___N Is the individual requesting a user fee exemption for medical reasons?
13. ___Y ___N Is the individual requesting a user fee exemption for a long term leave (generally a year or more) from the active practice of listing and selling or appraising real estate?

Comments: _____

I understand that if I should so utilize the Multiple Listing Service or engage in any buying or selling activities at any time, the Participant with whom I am affiliated is obligated to pay an additional individual User Fee.

Printed Name of REALTOR® Requesting Exemption: _____

Signature of REALTOR® Requesting Exemption: _____ Date: _____

Certification by Participant as to Individual's Certification above:

Printed Name of Participant: _____

Signature of Participant: _____ Date: _____

Note: The exemption, if recommended by the Policy Appeals Board, will be effective when approved by the Board of Directors. If approved, the exemption will be effective for a period of one year from the date of approval. The exemption will be automatically revoked upon the salesperson's utilization of the Service to appraise, refer, list, sell or lease real estate.

Policy Appeals Board:	For AAABoR Office Use Only	Board of Directors:	Revised: August 2018
Approve: _____ Deny: _____ Date: _____		Approve: _____ Deny: _____ Date: _____	