

DESIGNATED REALTOR® AUTHORIZATION

I hereby authorize _____ to have access to the MLS for all of our office functions. This access will continue until revoked in writing with the Multiple Listing Service Office, and must be done within 48 hours of terminating access to the Secretary/Assistant to avoid a fine for unauthorized access.

Please assign this individual an Administrative ID number and password. I certify that I am the Designated REALTOR® for the Office listed below with full authority to assign this access. I understand that I will be notified of the ID number and password as soon as this individual is logged into the system.

Broker Signature: _____

COMPANY/DESIGNATED REALTOR® INFORMATION (PLEASE PRINT CLEARLY)

Designated REALTOR®: _____

Company Name: _____

Office ID# _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SECRETARY/ASSISTANT INFORMATION (PLEASE PRINT CLEARLY)

Name: _____

E-mail: _____

Phone: _____

For Office Use Only

ID Number Assigned: _____

Password Assigned: _____

Broker Notified of ID Number and Password: _____

LIST-IT | LAMPS Date: _____

Jackson Association of REALTORS, INC
Multiple Listing Service of Jackson, MS , INC.
P.O. Box 1198, Jackson, MS 39215
PHONE: 601.948.1332 - FAX: 601.355.8707