

River Counties MLS, Inc. Staff/Assistant Data Worksheet

1.	Name:					
2.	Company I	Name:				
3.	City:		State:	Zip:		
4.	Date assig	Date assigned to office?/ Office Phone:				
5.	Home Add	ress:				
6.	City:		State:	Zip:		
7.	Email Addr	ess (please provide an ad	ddress you plan	to use for work rela	ted matters):	
8.	Primary Te	elephone:		Date of Birth: _	 //	
9.	Are you:	□ Firm/Office Staff	or 🗅 Agent	Personal Unlicense	ed Assistant	
C	Once acces	<mark>s is granted an emai</mark> l	t completed. I will be sent on and crede		nt with log-in	
		licensed Assistant Access (Ago	•	erstand that I am respor all activity using the	ponsible for my eir credentials.	
		Agent's	Signature:			
Bro	ker's Signatı	ıre.		Date	<u></u>	