

WEST PASCO
HERNANDO REALTORS®
SERVING THE NATURE COAST AND BEYOND

HERNANDO COUNTY INFORMATION SERVICE (HCIS)
7321 Sunshine Grove Rd. ♦ Brooksville, FL 34613
352-799-1971 FAX: 352-799-4350

Application for Participation in an Association Owned MLS
By Primary or Secondary REALTOR®/Broker Member & Firm

I_____, Qualifying Broker of Record for

Firm Name: _____

hereby apply to the Hernando County Information Services (HCIS) to participate in their Multiple Listing Service.

My Primary Board/Association where Annual Dues are paid is _____.

Included with this application is my Company Check, Cashier's Check, or Credit Card Authorization to cover the application fee in the amount of **$500.00**, the **$35** one-time set up fee, and the Quarterly MLS Participation fee of **$175**.

If paying by check, please make payable to HCIS.

I will provide to any necessary documentation to substantiate the information included in this application, such as Corporate Name, copy of my valid, Current/Active Brokers License #, copy of Corporate License # (Active) and a Letter of Good Standing from my Primary REALTOR® Board/Association.

INSTRUCTIONS FOR SECONDARY MLS PARTICIPATION ONLY

Designated REALTORS® who holds primary membership with another association/board and wish to be a member of HCIS MLS only, please follow the application process below:

1. Broker must submit the completed and signed HCIS MLS Application.
2. Copies of the following:
    a. Broker's real estate license
    b. Branch office license (if applicable) must show active on the DBPR
    c. Physical and mailing address, phone, and fax numbers for the branch office
3. Submit a list of all other licensees under the Broker that are in his/her Primary association that will be exempt from HCIS MLS.
4. Call Membership Department for appointment time convenient for all.
5. Submit payment for all required MLS application fees, participation fees, and onetime set-up fees for HCIS MLS membership.
6. A "Letter of Good Standing" from your Primary Association/Board

Attach to this application, a separate application for any agents with your firm who might wish to have Secondary MLS Access to Hernando County MLS.

I understand that by application and acceptance as a part of the Hernando County Information Services (HCIS), it is my duty to arbitrate business disputes pursuant to the arbitration procedures of the Hernando County Association of REALTORS® (HCAR). I consent and authorize the Association to invite and receive information and comments about me from any member or other person(s,) and agree that any information and comment furnished to the Association by any member or other person(s) in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

I agree that if accepted for participation in the MLS, I will be responsible for paying my quarterly participation fees. Agents associated with my firm will be billed individually for their access and are responsible for paying said fees themselves. However, should these agents fail to pay these fees, their access will be turned off, and the Broker is then responsible, and will be billed.

As the Broker, I am responsible for seeing that compliance with the MLS Rules and Regulations for all persons affiliated with my firm who utilize the service, is enforced by me.

IMPORTANT NOTICE: READ CAREFULLY
Failure to pay any services charge or fees within one(1) month of the date due, and provided that at least seven(7) days' notice has been given, the Service shall be suspended until all service charges or fees and a re-instatement fee of $100 are paid up to date current with a zero balance.

Failure to pay any service charge or fee within two (2) months of the date due, and provided that at least seven (7) days' notice has been given, the Service shall be terminated. To re-instate the Service, any and all service charges owed at the time of termination must be paid in full and application must be made in a manner prescribed for new offices, which is $500.

> ***NOTE:** Applicant acknowledges that if accepted as a Participant and he/she subsequently resigns or is expelled from participation in the MLS with an arbitration request pending, renewal of participation may be conditioned upon applicant's verification that he/she will submit to the pending arbitration proceeding and will abide by the decision of the Hearing Panel: or if applicant resigns or is expelled from participation without having complied with an award in arbitration, renewal of participation may be conditioned upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

I acknowledge that I have read and understand all conditions of MLS membership, and hereby agree to abide by these rules, regulations, and conditions as stated above:

_____ _____

Date Signature

I hereby submit the following information for your consideration:

Firm Name: _____

Street Address: _____

City: _____ State_____ Zip_____

Office Phone #: _____ Fax #_____

Broker Cell Phone # _____ Broker Home Phone # _____

Broker NAR (NRDS) #: _____ Firm NAR (NRDS) #: _____

Broker name as it appears on license: _____

DBPR Broker License #_____ DBPR Business License #_____

DBPR Branch Office License # (if applicable) _____

Tax ID # _____ Email address: _____

Circle One: Sole Proprietor Partnership Corporation DBA

Your position with the firm: Principal Partner Corporate Officer Office Manager

Other if "other" please explain_____

_____

State the names and titles of all other principals, partners, or corporate officers of your firm.

Name	Title
_____	_____
_____	_____
_____	_____

Is the office address, as stated above, your principal place of business? YES NO

List the name and address of all branch offices or other Real Estate Firms in which you are a principal, partner or corporate officer within the jurisdiction of the MLS:

Name Address

_____ _____

_____ _____

Are you or is any real estate firm in which you are a sole proprietor, partner, or corporate officer involved in any pending bankruptcy or insolvency proceedings: or have you or any real estate firm in which you are a sole proprietor, partner or corporate officer been adjudged bankrupt in the past three (3) years? YES NO

If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto

_____

_____

_____

NOTE: Applicant acknowledges that if the applicant or any real estate firm in which the applicant is a sole proprietor, partner, or corporate officer is involved in any pending bankruptcy or insolvency proceedings or has been bankrupt in the past three (3) years, the MLS may require as a condition of participation that the bankrupt applicant pay cash in advance for MLS fees for up to one (1) year from the date that the participation is approved or from the date that the applicant is discharged from bankruptcy (whichever is later) or, in the event that bankruptcy proceedings are initiated subsequent to obtaining participation in the MLS, that the Participant may be placed on a "Cash Basis" from the date that bankruptcy is initiated until one(1) year from the date that the Participant has been discharged from bankruptcy.

Do you hold or have you ever held a real estate license in any other state? YES NO
If "YES", please specify: _____

_____

Has your Real Estate license, in this state, or any other state, been suspended or revoked?
YES NO

If "YES", please specify: _____

_____

Are there now any pending or unresolved complaints, or have there been within the past three (3) years, any complaints against you or the firm with which you have been associated before any state real estate regulatory agency of government? YES NO

If" YES", please specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint.

_____

_____

_____

Have you ever been convicted of a crime? YES NO

If" YES", give details including state and court of conviction. _____

_____

_____

_____

I understand that by providing above my email address(s), telephone number(s), and fax number(s), I consent to receive communications sent from the Hernando County Association of REALTORS®, Florida Association of REALTORS®, and National Association of REALTORS® via email, telephone, or facsimile at those number(s)/locations.

I hereby certify that the information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, may be grounds for revocation of my membership if granted

_____ _____

Date Applicant's usual form of Signature

Information supplied in this section is not required, but will assist the MLS in establishing historical data regarding its participants. Information furnished in this section will not be used in evaluating an applicant's qualifications for participation.

First entered the real estate business: _____

Have you been engaged continuously in the business since then? YES NO

If not, during what years have you been active in the real estate profession? _____

In what other business have you been engaged? _____

_____

_____

First licensed in the state of Florida_____, and continuously licensed since_____.

Are you a member of any other real estate association, whether or not affiliated with the National Association of REALTORS® ❒ YES ❒ NO

Have you participated in a Multiple Listing Service ❒ YES ❒ NO

Where? _____

Are you now employed or engaged in any other business or profession? ❒ YES ❒ NO

Position: _____

Location: _____

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FAX: 352-799-4350

I _____ authorize the Hernando County Association

Name

of REALTORS® (HCAR) /Hernando County Information Service (HCIS) to charge my credit card account the

amount of $ _____ for:

Application Fee ____ Dues ____ MLS fee ____ Key____ Transfer Fee ____ MLS Listing ____

Other _____

CREDIT CARD TYPE: VISA _____ MASTERCARD _____ DISCOVER _____AM EX _____

CREDIT CARD #: _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON CARD: _____

ADDRESS WHERE CREDIT CARD STATEMENT IS MAILED:

STREET: _____

STATE: _____ ZIP: _____

SIGNATURE: _____

If paying for another person please write their name on the line below:

_____