

MetroTex Use Only	DATE: _____	BY: _____	MEM#: _____	FIRM#: _____
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**MetroTex
Association of
REALTORS®, Inc.**

OR

STATUS REPORT

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



**Greater Metro
Multiple Listing
Service**

1 <input checked="" type="checkbox"/>	Agent Name: _____ Agent License #: _____ Reporting Office: <u>New Century Realty Group</u> Street Address: <u>11222 Richmond Ave. #235</u> Phone #: <u>866.205.4992</u> City: <u>Houston</u> State: <u>TX</u> ZIP: <u>77082</u>
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: _____ <small>(email address is required for all billings)</small> Main Contact Phone: _____ Soc. Security #: _____ 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 checked="" type="checkbox"/>	MLS ACCESS LEVEL: <input checked="" type="checkbox"/> Agent- Add/Modify (06) <input type="checkbox"/> Agent/No Load(04) <input type="checkbox"/> Office Staff(05) <input type="checkbox"/> Office Manager(03) <small>(if 05 access is selected and an MLS waiver is desired, an MLS waiver form must be completed and filed with this Status Report)</small> 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)** <small>(This access level does not pay quarterly MLS fees)</small> * Name & License Number of agent (s) you assist: _____
4 <input checked="" type="checkbox"/>	OFFICE TRANSFER: Receiving Broker assumes responsibility for all KeyCards & KeyBoxes issued to this member. FROM Firm: _____ MLS Office Code: _____ Address: _____ Phone #: _____ TO Firm: <u>New Century Realty Group</u> MLS Office Code: <u>NCR601</u> Address: <u>11222 Richmond Ave #235</u> Phone #: <u>866.205.4992</u>
5 <input type="checkbox"/>	REMOVE/INACTIVATE: 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 checked="" type="checkbox"/>	DATE: _____ AUTHORIZED SIGNATORY: <u>[Signature]</u> <small>(Principal Broker or Authorized Signature)</small>

RETURN TO: Membership Department
8201 North Stemmons Freeway
Dallas, TX 75247
FAX: (214) 637-5951