



# Multiple Listing Service Participant REINSTATEMENT Form BROKER

## Member Services

4845 Ronson Court, San Diego, CA 92111  
Phone: (858) 715-8040 ▪ (800) 525-2102  
Fax: (858) 715-8090 ▪ www.sdar.com

### Broker Information:

Broker Name \_\_\_\_\_ Agent # \_\_\_\_\_  
Print name as it appears on DRE License

Residence Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(please circle preferred phone number to appear in directory and listings)

DRE License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ "My Account" Password \_\_\_\_\_  
(Copy of License Required) (Minimum 6 characters, maximum 9 characters)

### Office Information:

Firm Name \_\_\_\_\_ Firm # \_\_\_\_\_

Office Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

The effective date of reinstatement is \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby apply for Participation in the SANDICOR, Inc. Multiple Listing Service and certify that the above is correct. I further acknowledge understanding that as a Participant:

1. I have received and agree to abide by the rules and regulations and all administrative policies. I will observe these rules with such amendments as may be made hereafter as long as I remain a Participant.
2. I am responsible for the security of my agent pass code and will not share or make available to any person.
3. I am responsible for the practices of all licensees using my service.
4. I **must submit** all exclusive right and exclusive agency listing profiles to the service for dissemination to the other Participants and may receive listing information filed by all other Participants.
5. I agree to pay fees as may be determined for the use (and fines for the misuse) of the service by the broker and any licensee using his service. Reinstating fees and /or termination of service will be incurred on delinquent accounts.
6. I am responsible for notifying the service center in writing of all licensees affiliated under my license and for payment of the participation fees of such licensees.
7. I agree (if required) to attend an MLS Orientation within 60 days of access to avoid termination of all MLS privileges.

Broker of Record Signature \_\_\_\_\_ Date \_\_\_\_\_

### Application fees and dues are non-refundable

#### Fees can be charged to:

Visa     MasterCard     Discover     AmEx

Credit Card \_\_\_\_\_

Amount to be charged \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

Reinstatement fee        \$50  
Quarterly fees            \$132\*

\*Pro-rated monthly