



RECIPROCAL BROKER/APPRaiser APPLICATION FORM

822 S. Robertson Blvd., Suite 202 • Los Angeles, CA 90035 • 310.358.1100 • FAX 310.358-1107

Please note:

- Only one password will be issued to each broker or designated appraiser.
- Applications will not be processed unless all information is completed.
- You must submit a letter of good standing from your Primary MLS or Board
- Please print clearly.

I am a Licensed Real Estate Broker or Certified Appraiser under California Law, and I hereby apply for reciprocal participation in the multiple listing service of the Combined LA / Westside Multiple Listing Service, Inc.

1. Firm Name (Must have proof of valid DBA): _____

2. Firm Address: _____

City: _____ State: _____ Zip: _____

3. Firm Phone: (_____) _____

4. Firm Fax: (_____) _____

5. Broker Name (as it appears on Real Estate License):

First: _____ Last: _____

6. Home Address: _____

City: _____ State: _____ Zip: _____

7. Home Phone: (_____) _____

8. Pager Number: (_____) _____ Home Fax Number: (_____) _____

9. Social Security Number (Last 4 digits) _____

10. D. R. E Number or OREA : _____ Expiration Date: ____/____/____

11. Type of License: Broker _____ Appraiser _____

12. I would like my mail sent to my: Home _____ Office _____

13. E-mail address: _____ and/or Web Page _____

14. I would like any faxes sent to my: Home _____ Office _____ E-Mail _____

15. Do you belong to a Board of REALTORS™

Yes _____ What board? _____ Member # _____
No _____ Please note that you will have limited access.

16. Primary MLS Name: _____

17. Password (You select 6 characters maximum) _____

18. I understand that by providing above mailing address(es), e-mail address(es), telephone number(s), and fax number(s), I consent to receive communications sent from CLAW via U.S. mail, e-mail, telephone, or facsimile at those number(s)/location(s).

Broker Signature : _____ Date: _____