

Brokerage Administrator Agreement

BROKERAGE ADMINISTRATOR PROFILE (Employee)

Full Name:

E-mail Address:

Direct Phone Number:

BROKERAGE / BRANCH OFFICE

Name:

Broker of Record/Manager Name:

Address: (street, unit #, Province and PostalCode)

Contact Number:

- As the Broker of Record/Manager, I certify that the above-named Employee is not a licensed REALTOR[®], nor affiliated with any Appraisal Institute. This person is acting in an administrative capacity on my behalf and assists the Brokerage in the day-to-day operations of the MLS[®] System.
- I understand that the Brokerage will be liable for any unauthorized usage of the RAHB MLS[®] System as outlined in the RAHB Bylaw, MLS[®] Policies, and Rules and Regulations.
- I will notify RAHB within 48 hours, when the above-named Employee is no longer employed by the Brokerage or becomes licensed with RECO.
- I will ensure the above-named Employee shall not:
 - Divulge, share or compromise their password
 - Enable or permit other persons to access the RAHB MLS[®] System and/or download to a third party
 - Make unauthorized copies of RAHB MLS[®] Data or proprietary software.
- I understand, that upon submission of this application an electronic invoice will be sent to _____ email address for remittance of applicable fees.
- Once payment has been received, I understand the above-named Employee will receive a unique user ID and temporary password to complete their enrollment process.

INITIAL

INITIAL

INITIAL

INITIAL

Privileges

Broker Load Listings

Yes

No

Access to All Brokerage/Branch Locations

Access to the above location only

Office Administrator Signature: _____

Date: _____ mm/dd/yy

Broker of Record/Manager Signature: _____

Date: _____ mm/dd/yy

The completed form is to be submitted to michelef@rahb.ca

Once the form has been processed by RAHB, the Broker of Record/Manager will be notified

A 01.11.24