

TEHACHAPI MLS

CERTIFICATION OF NONUSE FORM

By signing this form, you are requesting to be relieved from MLS payments for the licensee(s) and/or certified person(s) listed below. Therefore, you are certifying that the licensee(s) and/or certified person(s) set forth below will be engaging solely in office assistant activities, that do not require a real estate license or certification (clerical, etc.) or that the licensee(s) or licensed or certified appraiser(s) will not use the MLS or MLS compilation in any way.

NOTE: For Real Estate Licensees to be reclassified as clerical users; they should not be hanging their CalBRE license under their participant and should not be performing licensed activity. For further guidance, please refer to C.A.R.'s legal article regarding Unlicensed Assistants. A copy will be made available to REALTORS® upon request.

Refer to the following MLS Rule -

5. MLS FEES AND CHARGES

5.1.5 Certification of Nonuse. Participants may be relieved from payment under section 5.1.2 and 5.1.5 hereunder by certifying in writing to the MLS that a licensed or certified person in the office is engaged solely in activities that do not require a real estate license or certification (clerical, etc.), or that the real estate licensee or licensed or certified appraiser will not use the MLS or MLS compilation in any way. In the event a real estate licensee or appraiser is found in violation of the nonuse certification, the Participant shall be subject to all MLS fees dating back to the date of the certification. The Participant and Subscriber may also be subject to any other sanction imposed for violation of MLS rules including, but not limited to, a citation and suspension or termination of participation rights and access to the service.

Print/Type Name Broker/Appraiser

Signature of Broker/Appraiser

CalBRE or OREA #

Expiration Date

Name of Firm

Date

Firm address: _____

street

city

state

zip code

Firm Telephone Number: _____

Firm Fax Number: _____

List of Exempted Licensee(s)/Certified Person(s):

NAME _____

Last

First

Middle

CALBRE or OREA #

Expiration Date

E-Mail Address: _____

(If have additional persons, please set forth their information on a separate sheet.)