

OFFICE ADMINISTRATOR

First Name:	Last Name:
E-mail:	Password: (minimum of 8 and maximum of 12) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

BROKERAGE

Broker of Record/Manager Name:			
Brokerage Name:			
Office Address:	City	Province	Postal Code
Office Telephone:		Office Fax:	

As the designated Broker of Record/Manager of this office, I certify the above-named Office Administrator 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 acknowledge that:

1. I will notify the REALTORS[®] Association of Hamilton-Burlington (“Association”), within 48 hours when the above-named Office Administrator is no longer employed by me or if he/she becomes licensed with RECO. I further understand that failure to do so may result in a fine.
2. I will take full responsibility to ensure the above-named Office Administrator works within the Bylaw and Rules and Regulations of the REALTORS[®] Association of Hamilton-Burlington while employed by me.
3. I will ensure the above-named Office Administrator shall not:
 - a) Divulge, share or compromise their password;
 - b) Enable or permit other persons to access the Association’s database and/or download to a third party; and
 - c) Make unauthorized copies of data or proprietary software.
4. The Association may, at its sole discretion and without prior notice, temporarily suspend services of the Office Administrator for reasons of security.
5. I will pay, if applicable, an activation fee for Clarity Security.

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6. I understand the above-named Office Administrator will receive a User ID (which with their password, forms their access codes) for the Association's MLS® System.
7. The access codes are for the sole and exclusive use of the Office Administrator and may not be shared with or used by any other individual. I understand Clarity Security has effective automated methods for tracking and identifying any discrepancies as well as an automated remediation process.

Enclosed is payment for the activation fee (if applicable) of **\$25^{+HST}**.

PAYMENT			
Cheque	VISA	MASTERCARD	Name on card
Card Number			Expiry date (mm/yy)
Card Holder Signature			Date (mm/dd/yy)

SIGNATURE AUTHORIZATION	
Broker of Record/Manager Signature	Date (mm/dd/yy)
Office Administrator Signature	Date (mm/dd/yy)

Upon processing of your application RAHB will provide the User ID to the Office Administrator, in order to allow them to proceed with the enrollment.