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## Multiple Listing Service User Fee Exemption Request

### Certification of REALTOR® Affiliated with Participant (Broker):

\_\_\_\_\_ associated with \_\_\_\_\_  
Name of REALTOR® Requesting Exemption Name of Participant (Broker)

#### **NOTE: REALTOR® MEMBERSHIP IS A MINIMUM REQUIREMENT**

Please answer Y or N to EACH of the following questions and sign below. All questions are required.

1. \_\_\_Y \_\_\_N Will the duties of this position require use of the MLS?
2. \_\_\_Y \_\_\_N Will the individual answer questions relating to financing, title insurance or closings for current or potential clients?
3. \_\_\_Y \_\_\_N Will the individual attend open houses or show properties to potential buyers or tenants?
4. \_\_\_Y \_\_\_N Will the individual solicit listings or other business via phone, text, email or social media?
5. \_\_\_Y \_\_\_N Does the individual belong to another MLS? If Yes, Name of MLS \_\_\_\_\_
6. \_\_\_Y \_\_\_N Is the individual an employee who receives a W2?
7. \_\_\_Y \_\_\_N Does the individual work exclusively within the brokerage's Closing or Relocation department(s) (does not show, list, sell, lease or appraise)?
8. \_\_\_Y \_\_\_N Is the individual exclusively involved in Residential or Commercial property management (does not show, list, sell, lease or appraise)?
9. \_\_\_Y \_\_\_N Other than the participant, is the individual a corporate officer who does not show, list, sell, lease or appraise real property?
10. \_\_\_Y \_\_\_N Does the individual hold an Appraiser license? If Y, License Type \_\_\_\_\_
11. \_\_\_Y \_\_\_N Is the individual requesting a user fee exemption for medical reasons?
12. \_\_\_Y \_\_\_N Is the individual requesting a user fee exemption for a long term leave (generally a year or more) from the active practice of listing and selling or appraising real estate?

Comments: \_\_\_\_\_

I understand that if I should so utilize the Multiple Listing Service or engage in any buying or selling activities at any time, the Participant with whom I am affiliated is obligated to pay an additional individual User Fee.

Printed Name of REALTOR® Requesting Exemption: \_\_\_\_\_

Signature of REALTOR® Requesting Exemption: \_\_\_\_\_ Date: \_\_\_\_\_

### Certification by Participant to Individual's Certification above:

Printed Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Note: The exemption, if recommended by the Policy Appeals Board, will be effective when approved by the Board of Directors. If approved, the exemption will be effective for a period of one year from the date of approval. The exemption will be automatically revoked upon the salesperson's utilization of the Service to appraise, refer, list, sell or lease real estate.

**Policy Appeals Board:**

**Board of Directors:**

Approve:\_\_\_\_\_ Deny:\_\_\_\_\_ Date:\_\_\_\_\_

Approve:\_\_\_\_\_ Deny:\_\_\_\_\_ Date: \_\_\_\_\_