



REALTOR®

ANN ARBOR AREA
BOARD OF REALTORS®

MLS Service User Fee Exemption Request

1919 W. Stadium Blvd., Ann Arbor, MI 48103

Phone: (734) 761 – 7340 | Fax: (734) 747 – 7377

Email: realtors@AAABoR.com | Website: www.AAABoR.com

Agent Name: _____ Effective Date _____

Broker Name (Please enter or PRINT): _____

Please CHECK EACH of the following questions that APPLIES and sign below.

- Does the individual hold REALTOR® status? If No, please contact the board at [\(734\) 761-7340](tel:734-761-7340).
- Will the duties of this position require use of the MLS?
- Will the individual answer questions relating to financing, title insurance or closings for current or potential clients?
- Will the individual attend open houses or show properties to potential buyers or tenants?
- Will the individual solicit listings or other business via phone, text, email or social media?
- Does the individual belong to another MLS? If Yes, Name of MLS _____
- Is the individual an employee who receives a W2?
- Does the individual work exclusively within the brokerage's Closing or Relocation department(s) (does not show, list, sell, lease or appraise)?
- Is the individual exclusively involved in Residential or Commercial property management (does not show, list, sell, lease or appraise)?
- Other than the participant, is the individual a corporate officer who does not show, list, sell, lease or appraise real property?
- Does the individual hold an Appraiser license? If ✓, License Type _____
- Is the individual requesting a user fee exemption for medical reasons?
- 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.

Name of REALTOR® Requesting Exemption: _____ Date: _____

Signature of REALTOR® Requesting Exemption: _____ Date: _____

Certification by Participant as 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.

For AAABoR Office Use Only:

Policy Appeals Board: Approves____ Denies____ Date____

Board of Directors: Approves____ Denies____ Date____

Date Received: _____ **Date Effective:** _____