

EXHIBIT C

PIKES PEAK MULTIPLE LISTING SERVICE UNLICENSED STAFF ACCESS AUTHORIZATION FORM

Type of Access (select one choice):

1. PRIMARY - COMPANY ACCESSES (including all branch offices):

- Head Broker Assistant Access.** DR level access. Has Search and Add/Edit for Company.
County Records is excluded. (\$30.00/mo). Bill Type = DL.
- Head Broker Load Access.** Can Add/Edit Listings for Company. No Search or County Record. (\$10.00/month)
Note: May be complimentary if office has 8+ active brokers. Bill Type = HB/HBC.

2. OFFICE - BRANCH ACCESSES:

- Office Manager Assistant Access.** OM level access. Has Search and Add/Edit for Office.
County Records is excluded. (\$30.00/mo). Bill Type = OL.
- Office Broker Load Access.** Can Add/Edit Listings for Office. No Search or County Records. (\$10.00/mo).
Note: May be complimentary if office has 8+ active brokers. Bill Type = BL/BLC.

3. Unlicensed Assistant Access. DR, DA, OM and Broker's staff. Has Search and County Records. Add/Edit Listing is excluded, unless authorized for Employing Sub-Participant Broker only. (\$20.00/mo). Bill Type = ULA.

Allow Assistant to Add and Edit the listings of the Sub-Participant Broker? Yes No

If Yes is selected in Option 3 above - Name and signature of Employing Sub-Participant Broker are required:

First _____ Middle _____ Last _____

Signature _____ Date: _____

Note: Assistant access is not available to Affiliate Members (mortgage companies, lenders, non-Realtor appraisers).

Note: If the employing DR or Sub-Participant is not eligible for a service, the unlicensed assistant will not be eligible.

Note: Logins and passwords are not assigned until completion of the Introduction to PPMLS Class.

Name of Assistant: (please print)

First _____ Middle Initial _____ Last _____

Last four digits of Social Security Number _____

Office Information:

Office Name _____

Office Address _____

Office ID# _____ Office Phone # _____

Name of DR, DA or OM: (required on all applications)

First _____ Middle Initial _____ Last _____

As the Designated Broker (DR), Designated Appraiser (DA) or Managing Broker (OM) for this office, I hereby authorize the above-named unlicensed assistant or clerical staff to have access to the PPMLS database and certify that the above-named individual is under my or their employing broker's direct employment and supervision. Within 24 hours of the termination of their employment, I will notify RSC to remove their name and password from the authorized access list for our office.

Signature _____ Date _____

(Required for all accesses)

Fax to RSC at (719) 476-8185

From the time of receipt of all completed documentation, please allow two business days to process your application.