

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 can Add/Edit Company Listings. (\$30.00/mo). Bill Type = DL.

___ **Head Broker Load Access.** Can Add/Edit and Search Company Listings only. (\$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 can Add/Edit Office Listings. (\$30.00/mo). Bill Type = OL.

___ **Office Broker Load Access.** Can Add/Edit and Search Office Listings only. (\$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 is through Identity Sharing set up by Employing Sub-Participant Broker. (\$20.00/mo). Bill Type = ULA.

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 SSN _____ Email Address: _____

Office Information:

Office Name _____ Office ID# _____

Office Address _____ Office Phone # _____

Name of Broker who provides direct employment and supervision of the Assistant:

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 _____
of DR/DA/OM (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.