

MetroTex Use Only	DATE: _____	BY: _____	MEM #: _____	FIRM #: _____
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MetroTex  
Association of  
REALTORS®, Inc.

## STATUS REPORT

Please submit a separate form for each individual.  
Allow two working days after receipt for processing.  
Fax: 214-637-5951 or 817-796-5421



Greater Metro  
Multiple Listing  
Service

1 <input type="checkbox"/>	Agent Name: _____ Agent License #: _____  Reporting Office: _____  Street Address: _____ Phone #: _____  City: _____ State: _____ ZIP: _____
2 <input type="checkbox"/>	<input type="checkbox"/> <b>UPDATE/CHANGE AGENT INFORMATION:</b> (If MetroTex is not your primary Board, please attach a letter of good standing from your primary board)  Primary Board: _____ Email: _____ <small>(email address is required for all billings)</small> Main Contact Phone: _____ Soc. Security #: _____  Home Address: _____ City: _____ Zip: _____  <input type="checkbox"/> Check here if home is preferred mailing address (all bills are sent via email) <input type="checkbox"/> Check here if personal fax is preferred fax. Fax Number: _____
3 <input type="checkbox"/>	<b>MLS ACCESS LEVEL:</b> <input type="checkbox"/> Agent- Add/Modify (06) <input type="checkbox"/> Agent/No Load(04) <input type="checkbox"/> Office Staff(05) <input type="checkbox"/> Office Manager(03) <small>(if 05 access is selected and an MLS waiver is desired, an MLS waiver form must be completed and filed with this Status Report)</small>  The following access levels require the name and license # of the agent(s) you will be working for: <input type="checkbox"/> Licensed Personal Asst. (14)** <input type="checkbox"/> Unlicensed Office Asst. (95)** <small>(This access level does not pay quarterly MLS fees)</small>  ** Name & License Number of agent (s) you assist: _____ _____
4 <input type="checkbox"/>	<b>OFFICE TRANSFER:</b> Receiving Broker assumes responsibility for all KeyCards & KeyBoxes issued to this member. <small>*A \$10 transfer fee will be billed to the licensee once the transfer is completed.</small>  FROM Firm: _____ MLS Office Code: _____ Address: _____ Phone #: _____  TO Firm: _____ MLS Office Code: _____ Address: _____ Phone #: _____
5 <input type="checkbox"/>	<b>REMOVE/INACTIVATE:</b> License returned to TREC On (Date): _____ Return KeyBoxes or complete Electronic KeyBox Transfer Report to transfer any Keyboxes issued to this member. Display Key and equipment must be returned within 5 days of inactivation of membership.
6 <input type="checkbox"/>	DATE: _____ AUTHORIZED SIGNATORY: _____ <div style="text-align: right; font-size: small;">(Principal Broker or Authorized Signature)</div>