



Transfer of CVR MLS Services Only
membership@rarealtors.com
(P) 804.422.5000 (F) 804.422.5051

This application must be signed by the Designated REALTOR® (Broker). Payment must be included at the time of submitting this application. Applications received prior to 3:00 PM will be processed the same business day. Applications received after 3:00 PM will be processed the following business day.

**** A copy of the DPOR Transfer Application signed by the broker MUST accompany this transfer request. See Section 5.**

Section 1 Firm/Branch Information

Firm Name _____ Firm MLS ID _____
 Firm Address _____ City, State _____ Zip _____

Section 2 Agent Information

Full Name on License _____ Agent MLS ID _____
 Home Address _____ City, State _____ Zip _____

Cell Phone _____ May RAR/CVR MLS communicate with you via text message?
 Yes No

Contact Phone _____ on MLS listings and for electronic call communications from the Association

Email Address _____
 Important RAR/CVR MLS communications are sent via email, including all billing notices. Valid email address only.

Real Estate License # _____ Exp. Date _____

Section 3 Payment Authorization of Transfer Fees

Transferring CVR MLS Subscription Fee: \$80 Total amount of charge: _____

Note, if you are transferring during one of the following CVR MLS billing months and wish to pay the renewal fee of \$165 during the time of transfer, please indicate the additional fee in the total amount of charge.

March	June	September	December
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Card Type: VISA _____ MC _____ AMEX _____ DISCOVER _____

Card # _____ EXP _____

Name as it appears on card _____

Signature _____ Date _____



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Section 4 Agent Acknowledgement of Transfer

I hereby certify that the foregoing information furnished by me is true and correct. I assume full personal responsibility for all CVR MLS dues, fees, fines, assessments, collection costs, including reasonable attorney fees. I agree to prohibit access to the CVR MLS by those not authorized to use the MLS data and agree to keep any security features, including but not limited to passwords, confidential, to maintain listing information in a complete, accurate and timely manner and take full responsibility for the information entered into the MLS.

I understand and acknowledge that my quarterly MLS fees, fines and assessments will be posted to my online account. I understand that I will not receive a paper bill from CVR MLS. A courtesy email will be sent to the email address I have provided to the Association when my quarterly charges are posted to my account and I agree to notify RAR and CVR MLS immediately of any change to my email address. I understand and agree that if my account balance is not paid by end of the month in which posted, my CVR MLS and Supra® key services will be terminated. Application fees will be required to restore MLS services.

Agent's Signature: _____ **Date:** _____

Section 5 Broker Acknowledgement of Transfer

CVR MLS transfer applications documented by a copy of the signed and dated DPOR Transfer Application will be processed as a provisional transfer. The licensee's affiliation will be updated in the RAR/CVR MLS database at the time of submitting the application. This provisional transfer must be confirmed by DPOR within thirty (30) days from the receipt of the CVR MLS transfer request. If the licensee's new firm affiliation cannot be confirmed with DPOR, access to MLS services will be suspended. If the licensee's new firm affiliation is not confirmed within ten (10) days of membership/service suspension, access to CVR MLS services will be terminated, incurring applications fee to reinstate.

As Designated REALTOR® for the above referenced firm, partnership or corporation I understand and accept responsibility for the above referenced licensee's responsibilities to RAR/CVR MLS as well as his or her compliance with the Constitution, Bylaws, policies, practices, procedures, rules and regulations of the Local, State and National Associations of REALTORS® and CVR MLS.

Designated REALTOR® (Broker) Signature _____ **Date:** _____

FOR STAFF USE: Received by _____ **Date:** _____