



# Northern Neck Association of Realtors, Inc.

850 Richmond Hill Road | P.O. Box 1569 | Warsaw, Virginia 22572  
Telephone: (804) 333-1819 | Fax: (804) 333-1820 | Email: nnar@rivnet.net

## Request for Exemption/Waiver from MLS Subscription Fees

In accordance with MLS Bylaws and Rules & Regulations, I apply for exemption from payment of MLS Subscription Fees of the following:

Name of Licensee: \_\_\_\_\_

Full explanation of circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Period of exemption: \_\_\_\_\_

Is licensee presently receiving NNAR MLS service?      Yes \_\_\_\_\_      No \_\_\_\_\_

Is this a request for renewal?      Yes \_\_\_\_\_      No \_\_\_\_\_

**Effective Date:** The first day of the calendar month following the date of approval

**Terms:** I have been explained the NNAR Rules and Regulations with regard to waivers.

Date: \_\_\_\_\_      Agent Signature: \_\_\_\_\_

I have explained to the licensee the Rules and Regulations of NNAR Waiver and I am sure the licensee fully understands that if licensee violates any of the Rules and Regulations I will be fined \$500.00 and be subject to expulsion or suspension from MLS.

Date: \_\_\_\_\_      Broker Signature: \_\_\_\_\_

Firm Name: \_\_\_\_\_

### License if waived for the following:

- \_\_\_\_\_ 1. Referral agent only - No desk duty
- \_\_\_\_\_ 2. Out of the Commonwealth of Virginia for extended vacation/business
- \_\_\_\_\_ 3. Personal illness

### Action take by MLS Committee:

Approved: \_\_\_\_\_      Disapproved: \_\_\_\_\_      Date: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_      By: \_\_\_\_\_

MLS Chairman/Association Executive