



Northern Neck Association of Realtors
P.O. Box 718, Callao, VA 22435
804-529-7313

REQUEST FOR WAIVER FROM MLS MONTHLY FEES

Waivers may be requested in accordance with the NNAR MLS Guidelines, Policies, & Procedures.

_____ Referral Agent Only – No desk duty and does not perform any type of real estate in the Commonwealth of Virginia other than a referral agent.

_____ Absent from the Commonwealth for an extended period of time

_____ Extended personal or family illness.

I apply for a waiver from payment of the MLS monthly fees per item selected above.

Agent Name _____

Explanation of circumstances: _____

Real Estate License # _____

Period of Waiver (Not to exceed the last day of the current year.) _____

Terms: I have read and understand the MLS Guidelines, Policies, & Procedures with regard to Waivers:

Date _____ **Agent Signature** _____

I have explained to the agent the NNAR MLS Guidelines, Policies & Procedures for a Waiver and I am sure the agent fully understands that if the agent violates any of the foregoing I will be fined and be subject to suspension or termination from the NNAR MLS.

Broker Signature _____ **Date** _____

Firm Name _____

The following for Office use ONLY:

- _____ **1. Referral agent only - No Desk Duty.**
_____ **2. Absent from Commonwealth of Virginia for extended period.**
_____ **3. Personal/Family illness.**

APPROVED: _____ DISAPPROVED: _____ DATE: _____

BY: _____
(MLS Chair/Assn . Exec.)