

# CLS Office / Agent Associate Information Form

**Personal Information (\* Denotes Required Fields - Application will NOT be processed without this information):**

\*Name: \_\_\_\_\_  
Last First Middle Nickname

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ \*Preferred Contact Phone: \_\_\_ Home \_\_\_ Cell \_\_\_ Office

\*Home Address: \_\_\_\_\_  
Street Apt. No. City State Zip Code

\*Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Office Information:**

\*Participation (Broker) Office Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Office CLS ID: \_\_\_\_\_

Company Contact Email: \_\_\_\_\_ Company Website: \_\_\_\_\_

\*Please indicate your preference for the CLS website: Login ID: \_\_\_\_\_ Password: \_\_\_\_\_  
(Between 4 and 9 characters for each, case sensitive, Password must have a number & letter)

Please give who you are currently working with or employed with, office or agent name: \_\_\_\_\_

Do you hold a Florida real estate license: \_\_\_ Yes \_\_\_ No Real Estate License No: \_\_\_\_\_

If yes, you consent by completing this application that I will not be participating as an agent in any real estate transactions but as a licensed assistant.

I also consent that the CLS and their subsidiaries, if any may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the CLS in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

The undersigned associate acknowledges registration of the previously requested Login ID and Password for us in connection with any CLS On-Line System. Associate further acknowledges and accepts full responsibilities for the confidentiality and security of said Login ID credentials. In the event of disclosure and or use of ID by anyone other the associate, a fine of \$1,000.00 will be assessed by the CLS against the associate for first offense. The CLS is not held responsible for disclosure or misuse of the ID by anyone other than the applicant.

**ASSOCIATE:**

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my CLS access if granted. Please read this information carefully.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**EMPLOYER BROKER/AGENT: (Must Sign & complete below)**

I certify that I am an active PARTICIPATION member in the Central Listing Service at Ocean Reef, Inc. I have reviewed this application and certify that this Associate is in my direct supervision.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

This Associate should have access to these Agents:

\_\_\_\_\_  
 \_\_\_\_\_

(Just Write "ALL OFFICE AGENTS" if Associate is to have access to every agent in an office. Otherwise just insert each name.)

**CLS Use Only**

Application Received: \_\_\_\_\_ Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_ Notes: \_\_\_\_\_