



West Central Association of REALTORS®

400 South Cable Road
Lima, Ohio 45805-3112
(419) 227-5432
Fax (419) 229-1842

Application for Reciprocal MLS Participation

According to the rules and regulations of the Reciprocal MLS Agreement between the West Central Association of REALTORS® and the WRIST MLS, each MLS participant must provide the “secondary” MLS with the following when making application:

1. A complete list of all offices in the company, including which office(s) elect to subscribe to the Secondary MLS
2. A complete Roster of all agents and/or licensed certified appraisers in each office, designating which individuals wish to subscribe to the “secondary” MLS.

This form requires the NRDS (National REALTORS® Database System) number for offices and agents. (Call your Primary Board for these numbers)

Instructions: Please fill out this form completely and FAX to 419 229-1842. A separate Office Roster form must be included for all offices. Be sure to indicate which office(s) and which individuals (including the Broker) in each office want to subscribe to the West Central Association of REALTORS®. Please have those agents wanting Reciprocity to fill out the form.

Company Name _____.

Corporate/ Home Office Address:

Street: _____ City _____ State ____ Zip Code _____.

Phone: _____ Website: _____.

Broker Name : _____ Ohio License # _____ NRDS # _____.

Home Address: _____ City _____ State ____ Zip _____.

Phone: _____ E-mail: _____.

Billing Address or Email (IF different from Corporate Office)

Street: _____ City _____ State ____ Zip _____.

Phone: _____ E-mail: _____.

Please have those wanting Reciprocity to fill out this form and send us a list of all agents in your office.

Agent Name: _____ West Central Association MLS Yes No
Agents NRDS # _____ Ohio Real Estate License # _____
Home Address: _____ City _____ State __ Zip _____
Home Phone: _____ Cell Phone: _____
Phone # you would like in InnoVia: Home Cell E-mail: _____

Agent Name: _____ West Central Association MLS Yes No
Agents NRDS # _____ Ohio Real Estate License # _____
Home Address: _____ City _____ State __ Zip _____
Home Phone: _____ Cell Phone: _____
Phone # you would like in InnoVia: Home Cell E-mail: _____

Agent Name: _____ West Central Association MLS Yes No
Agents NRDS # _____ Ohio Real Estate License # _____
Home Address: _____ City _____ State __ Zip _____
Home Phone: _____ Cell Phone: _____
Phone # you would like in InnoVia: Home Cell
Phone # you would like in InnoVia: Home Cell E-mail: _____

Agent Name: _____ West Central Association MLS Yes No
Agents NRDS # _____ Ohio Real Estate License # _____
Home Address: _____ City _____ State __ Zip _____
Home Phone: _____ Cell Phone: _____
Phone # you would like in InnoVia: Home Cell
Phone # you would like in InnoVia: Home Cell E-mail: _____

For Additional Names, Please Copy This Page and Attach