



# West Central Association of REALTORS®

400 South Cable Road  
Lima, Ohio 45805-3112  
(419) 227-5432  
secy@wcare.net

## 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 email to secy@wcare.net. 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: \_\_\_\_\_ Fax: \_\_\_\_\_ 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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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## ACKNOWLEDGEMENT AND AGREEMENT

The undersigned \_\_\_\_\_, a sales licensee, licensed/certified appraiser, and/or trainee affiliated with \_\_\_\_\_ (Brokerage) which has made application for participation in the West Central Association of REALTORS® Multiple Listing Service, hereby agrees and acknowledges that his/her access to and use of information published by the MLS is subject to the Bylaws, Rules, Regulations, Policies and Procedures as are or may be adopted by the West Central Association of REALTORS®. The undersigned acknowledges that he/she has read and understands the MLS the Bylaws, Rules, Regulations, Policies and Procedures and agrees to abide by the said the Bylaws, Rules, Regulations, Policies and Procedures. The undersigned further acknowledges that he/she may be disciplined for any violation thereof.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Signature of Applicant

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Name of Firm

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Address of Firm

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Telephone