



**HERNANDO COUNTY INFORMATION SERVICE (HCIS)  
7321 Sunshine Grove Rd. Brooksville, FL 34613  
352-799-1971 FAX: 352-799-435**

**APPLICATION FOR PARTICIAPTION IN A BOARD OWNED MLS BY PRIMARY OR SECONDARY REALTOR/BROKER MEMBER &FIRM:**

I \_\_\_\_\_, **Qualifying Broker of Record** for

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

Here by apply to the Hernando County Information Services (HCIS) to participate in their Multiple Listing Service.

My Primary Board/Association where Annual Dues are paid? \_\_\_\_\_

Included with this application is my Company Check, Cashiers Check, or Credit Card Authorization to cover the application fee in the amount of **\$500.00**, the **\$35** one time set up fee for my Clarity Safe MLS secure Login, and the Quarterly MLS Participation fee of **\$125**, **Checks to be made out to HCIS.**

I will provide to HCAR any documentation to substantiate the information included in this application, such as **Corporate Name, Copy of my valid, Current/Active Brokers License #, Copy of Corporate License # (Active), Letter of Good Standing from my Primary Realtor Board/ Association.**

**INSTRUCTIONS FOR SECONDARY MLS PARTICIPATION ONLY**

If you are a Designated Realtor who holds a primary membership with another association/board and you wish to be a member of HCIS MLS only. The Broker must also have a **branch office license number to facilitate the Broker’s MLS participation.** This will exempt all other agents from participation in HCIS MLS, otherwise all agents will be required to participate in HCIS MLS, and pay the applicable fees (as per MLS Rules & Regulations).

Please follow the application process below:

1. Broker must submit the completed and signed HCIS MLS Application.
2. Copies of the following:
  - a. Broker’s real estate license
  - b. Branch office license must show active on the DBPR
  - c. Physical and mailing address, phone, and fax numbers for the branch office
3. **DBPR RE 10 for the agent(s) that will be also be listed with the Branch office and who will have MLS access. On a separate sheet, list the agents names and include the following information;**
  1. Home Address
  2. License number
  3. Home and or Cell phone number(preferred Phone)
  4. Email address(required)

4. Submit a list of all other licensees under the Broker that are in his/her Primary association that will be exempt from HCIS MLS.
5. Call Membership Department for appointment time convenient for all.
6. Submit payment for all required MLS application fees, participation fees, and onetime set-up fees for HCIS MLS membership.
7. A "**Letter of Good Standing**" from your Primary Association/Board

I understand that by application and acceptance as a part of the Hernando County Information Services, it is my duty to arbitrate business disputes pursuant to the arbitration procedures of the Hernando County Association of REALTORS®. I consent and authorize the Board to invite and receive information and comments about me from any member or other person(s,) and agree that any information and comment furnished to the Board by any member or other person(s) in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

I agree that if accepted for participation in the MLS, **I will be responsible for paying my monthly participation fees.** Agents associated with my firm will be billed individually for their access, and are responsible for paying said fees themselves, **however,** should these agents fail to pay these fees, their access will be turned off, and the Broker is then responsible, and will be billed.

As the Broker, I **am responsible for seeing that compliance with the MLS Rules and Regulations for all persons affiliated with my firm who utilize the service, is enforced by me.**

I also understand that as a requirement of MLS Membership, I, and any of my agents who will also have access to MLS Services, are required to view the Basic MLS Training webinar found on Innovia Homepage under Links of Interest. Failure to complete this training will mean suspension of services until the requirement has been met.

#### **IMPORTANT NOTICE: READ CAREFULLY**

Failure to pay any services charge or fees within one(1) month of the date due, and provided that at least seven(7) days notice has been given, the Service shall be suspended until all service charges or fees and a re-instatement fee of \$100 are paid up to date current with a zero balance. Failure to pay any service charge or fee within two(2) months of the date due, and provided that at least seven(7) days notice has been given, the Service shall be **terminated.** To re-instate the Service, any and all service charges owed at the time of termination must be paid in full and application must be made in a manner prescribed for new offices, which is \$500.

- **\*NOTE:** Applicant acknowledges that if accepted as a Participant and he/she subsequently resigns or is expelled from participation in the MLS with an arbitration

request pending, renewal of participation may be conditioned upon applicant's verification that he/she will submit to the pending arbitration proceeding and will abide by the decision of the Hearing Panel: or if applicant resigns or is expelled from participation without having complied with an award in arbitration, renewal of participation may be conditioned upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

I acknowledge that I have read and understand all conditions of MLS membership, and hereby agree to abide by these rules, regulations, and conditions as stated above:

\_\_\_\_\_ Date \_\_\_\_\_ Signature

I hereby submit the following information for your consideration:

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Broker Cell Phone # \_\_\_\_\_ Broker Home Phone # \_\_\_\_\_

Broker NAR (NRDS) #: \_\_\_\_\_ Firm NAR (NRDS) #: \_\_\_\_\_

Broker name as it appears on license: \_\_\_\_\_

DBPR Broker License # \_\_\_\_\_ DBPR Business License # \_\_\_\_\_

DBPR Branch Office License # (if applicable) \_\_\_\_\_

Tax ID # \_\_\_\_\_ Email address: \_\_\_\_\_

Circle One:      Sole Proprietor      Partnership      Corporation      DBA

Your position with the firm: Principal    Partner    Corporate Officer    Office Manager

Other    if "other" please explain \_\_\_\_\_

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State the names and titles of all other principals, partners, or corporate officers of your firm.

Name

Title

_____	_____
_____	_____
_____	_____

Is the office address, as stated above, your principal place of business? YES NO

List the name and address of all branch offices or other Real Estate Firms in which you are a principal, partner or corporate officer within the jurisdiction of the MLS:

Name

Address

_____	_____
_____	_____

Are you or is any real estate firm in which you are a sole proprietor, partner, or corporate officer involved in any pending bankruptcy or insolvency proceedings: or have you or any real estate firm in which you are a sole proprietor, partner or corporate officer been adjudged bankrupt in the past three (3) years? YES NO

If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto \_\_\_\_\_

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

**NOTE:** Applicant acknowledges that if the applicant or any real estate firm in which the applicant is a sole proprietor, partner, or corporate officer is involved in any pending bankruptcy or insolvency proceedings or has been bankrupt in the past three (3) years, the MLS may require as a condition of participation that the bankrupt applicant pay cash in advance for MLS fees for up to one (1) year from the date that the participation is approved or from the date that the applicant is discharged from bankruptcy (whichever is later) or, in the event that bankruptcy proceedings are initiated subsequent to obtaining participation in the MLS, that the Participant may be placed on a "Cash Basis" from the date that bankruptcy is initiated until one(1) year from the date that the Participant has been discharged from bankruptcy.

Do you hold or have you ever held a real estate license in any other state? YES NO

If "YES", please specify: \_\_\_\_\_

\_\_\_\_\_

Has your Real Estate license, in this state, or any other state, been suspended or revoked?  
YES NO

If "YES", please specify: \_\_\_\_\_

\_\_\_\_\_

Are there now any pending or unresolved complaints, or have there been within the past three (3) years, any complaints against you or the firm with which you have been associated before any state real estate regulatory agency of government? YES NO

If "YES", please specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If "YES", give details including state and court of conviction. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I understand that by providing above my email address(s), telephone number(s), and fax number(s), I consent to receive communications sent from the Hernando County Association of REALTORS®, Florida Association of REALTORS®, and National Association of REALTORS® via email, telephone, or facsimile at those number(s)/locations.**

I hereby certify that the 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, may be grounds for revocation of my membership if granted

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's usual form of Signature

**Information supplied in this section is not required, but will assist the MLS in establishing historical data regarding its participants. Information furnished in this section will not be used in evaluating an applicant's qualifications for participation.**

First entered the real estate business: \_\_\_\_\_

Have you been engaged continuously in the business since then?    YES    NO

If not, during what years have you been active in the real estate profession? \_\_\_\_\_

In what other business have you been engaged? \_\_\_\_\_

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

First licensed in the state of Florida \_\_\_\_\_, and continuously licensed since \_\_\_\_\_.

Are you a member of any other real estate association, whether or not affiliated with the National Association of REALTORS®                      YES                      NO

Have you participated in a Multiple Listing Service                      YES                      NO

Where? \_\_\_\_\_

Are you now employed or engaged in any other business or profession?    YES    NO

Position: \_\_\_\_\_

Location: \_\_\_\_\_

HERNANDO COUNTY ASSOCIATION OF REALTORS®  
HERNANDO COUNTY INFORMATION SERVICES

**FAX: 352-799-4350**

I \_\_\_\_\_ **AUTHORIZE THE HERNANDO COUNTY**

**Name**

**ASSOCIATION OF REALTORS® /HERNANDO COUNTY INFORMATION SERVICES TO CHARGE MY  
CREDIT CARD ACCOUNT \$ \_\_\_\_\_ for:**

**Application Fee \_\_\_\_\_, Dues \_\_\_\_\_, MLS fee \_\_\_\_\_, Key \_\_\_\_\_, Transfer Fee \_\_\_\_\_, MLS Listing  
\_\_\_\_\_, Other \_\_\_\_\_**

CREDIT CARD TYPE: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER \_\_\_\_\_ AM EX \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

ADDRESS WHERE CREDIT CARD STATEMENT IS MAILED:

STREET: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**If paying for another person please write their name on the line below:**

\_\_\_\_\_

