



Office Address: 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776; Office Phone #: 626-288-6212

APPRAISER APPLICATION FOR ACCESS TO THE MULTIPLE LISTING SERVICE

PLEASE PRINT AND COMPLETE THE THIS FORM AND REUTRN IT TO OUR OFFICE:

- Email it to info@wsgvar.com, or
- Mail it to WSGVAR – 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776, or
- Fax it to 626-288-7658.

I have read the CRMLS Rules and Regulations (<http://go.crmls.org/crmls-rules-and-regulations/>) and I agree to abide by them as they now exist or as they may be adopted or amended from time to time by the Association.

Please select your primary responsibility of the appraisal firm: Designated Appraiser Appraiser*

GENERAL INFORMATION

Your Name: _____ Male Female
 Appraisal License #: _____ Expiration Date: _____
 Office Name: _____ Office Phone #: _____
 Office Address: _____ CA
 Street and Suite # City State Zip Code
 E-Mail: _____ Cell Phone #: _____

Your MLS fee will be paid according to Option 1 or Option 2 below (Please check one):

Option 1 – Quarterly MLS Fees		Option 2 – Yearly MLS Fees	
One-time Office Setup Fee	\$150.00	One-time Office Setup Fee	\$150.00
One-time Security Password Fee	\$40.00	One-time Security Password Fee	\$40.00
MLS/CRMLS Quarterly Fee	\$	MLS/CRMLS Yearly Fee	\$
Total Quarterly MLS Fees:	\$	Grant Total:	\$

Please note that all billing is done ELECTRONICALLY. Ensure the email included in the application is legible and your recent account.

** The Quarterly/Yearly MLS fee may be prorated depending on the start date. Please contact the Association Office to find out the exact fee.

Applicant Signature: _____ Date: _____

Designated Appraiser Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: ___/___/___ Fee Received: \$_____ Copy of CalBRE License: _____ Office #: _____
 Member #: _____ Password: _____ Rapattoni: _____ CRMLS: _____ Clarity: _____ Supra: _____