

Office Staff Application For Northstar MLS Access

Please Print

Date:	
Office Name:	Office ID:
Office Address:	
Office Phone:	Fax:
Staff Person:	
E-mail Address:	
•	upport person who is <i>not licensed</i> as a real effice staff person will have access to input and in this office.
BROKER CERTIFICATION	
access to NorthstarMLS. I will notify SCAAR immed	nt permission for the above stated staff person to have liately when this person is no longer employed by the that I will be liable for any unauthorized usage of the
Designated Broker Signature:	Date:

Revised 3.1.2019 Fax to: 320.253.9701 Email to: nicole@stcloudrealtors.com