

Application for NorthStarMLS Access

Date:				
Please check which one of the following applies to y Broker—Designated REALTOR® Agent—REAL		Affiliate-Sold Onl	y X	
Name:				
Office Name:	Office ML	Office MLS ID #:		
Preferred Mailing Address:				
City:	State:	ZIP:		
Preferred Phone: ()		Office	Home	
Phone # 2: ()	Cell	Office	Home	
Phone # 3: ()	Cell	Office	Home	
E-mail address:				
MN RE License Number:	License Issue Date:			
(or Appraiser License if Applicable) You will be assigned a Log in ID # for accessing NorthState been processed.	rMLS. This will be e-mailed to you,	once your applica	ntion has	
By signing below, you agree to abide by the Rules and Minnesota, Inc. Current version of Rules available at		ple Listing Service	of	
Signature:	Dat	te:		

Revised 1.1.2024