

Subscriber Change Form

Use Document 1334 Staff Change Form for input Personnel or Office Manager user access levels.
Use Document 1339 Personal Assistant Change Form for Personal Assistants.



Document #1322

Please print clearly

Revision Date: 5/17/2023

SUBSCRIBER CURRENT INFO.	REQUIRED	Full Name: _____ Web Subscriber ID: _____ Primary Email: _____ <small>(This is your RMLS billing email)</small> Office Name: _____ Web Office ID: _____ <small>(Formerly Broker Code)</small> Office Type: <input type="checkbox"/> REALTOR® <input type="checkbox"/> Appraiser <input type="checkbox"/> Affiliate								
UPDATED PERSONAL INFORMATION		Check only items that are changing and enter only new information <input type="checkbox"/> New Name: _____ <input type="checkbox"/> New Email: _____ <input type="checkbox"/> New Primary Phone: _____ <small><input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Home</small> <input type="checkbox"/> New Mail Preference: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> New Website URL: _____ <input type="checkbox"/> *New Web Subscriber ID: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
UPDATED OFFICE INFO.		<input type="checkbox"/> *Transfer to office: _____ Web Office ID: _____ <small>*If Subscriber has Personal Assistants (ST), please complete form 1339 for each. (Formerly Broker Code)</small> Office Address: _____ <small>(Full address)</small> Participant Broker: _____ <small>(Print name)</small>								
SUBSCRIBER STATUS CHANGE		<input type="checkbox"/> New User <input type="checkbox"/> Broker: Can add/modify own listings only (AA) <input type="checkbox"/> Broker: Can add/modify listings for Brokerage office (BR) Access Level: <input type="checkbox"/> Broker: No access to add/modify listings (AG) <input type="checkbox"/> Participating/Managing Broker: Can add/modify listings for entire Brokerage Firm (HB) <small>(Check one)</small> For a detailed description of user access levels, consult your brokerage's Principal/Managing Broker or reference form 1310 on RMLSweb. <input type="checkbox"/> Termination: The Subscriber named above will be removed from RMLS and will not be billed for services next quarter. If you wish to discontinue your RMLS services while continuing to hang your license in a Participating office, please submit Document 1323: Waiver Application instead of this form. Reason <input type="checkbox"/> Inactivate License <input type="checkbox"/> Sent License in to State (Choose one): <input type="checkbox"/> Office Closed <input type="checkbox"/> Moved to Non-participating Office <input type="checkbox"/> Other (Explain): _____ <input type="checkbox"/> Reinstatement If reinstating after a 1+ year absence, complete Doc. 1320 instead of this form. All fees must be paid in full to activate service. Reinstating SentiLock Service <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
LOCKBOX SERVICE		<input type="checkbox"/> Reactivate Service: _____ <small>(\$25 Activation Fee)</small> <input type="checkbox"/> Deactivate Service: _____ You will receive a confirmation email. Fees for current service period are non-refundable. Deactivating lockbox service does not close your RMLS account. If you wish to terminate your RMLS account mark the Termination box and select a reason.								
ALT. FRONT END		<input type="checkbox"/> Paragon MLS System Access: \$45/quarter								

By the signature of your Participant Broker for the transactions listed below their signature, this will amend the Subscriber Agreement and SentiLock Agreement, if applicable, on file with RMLS.

Participant Broker/Primary Appraiser/Primary Affiliate
(Print Name)

Subscriber's Signature

Participant Broker/Primary Appraiser/Primary Affiliate
(Signature)

Required for transfers, reinstatements, & user access level changes.

Today's Date

Effective Date

Please **EITHER** fax this document to 503.230.0689 (outside Portland Metro area use 877.256.2170) **OR** email a pdf copy to frontdesk@rmls.com. **Please do not do both.** We strive to process your submission within 24 hours after receipt, however, please allow up to 48 hours. We will contact you with login and payment instructions.

RMLS Use Only	CRM ID #: _____ Ofc. CRM ID #: _____ Initials: _____ Date: _____
TRANSFER: Email verified: _____ License/NRDS verified: _____ License exp. date updated in CRM: _____	
REINSTATEMENT: License/NRDS verified: _____ License exp. date updated in CRM: _____ Future qtr. reinvoiced: Y ___ N ___ N/A ___ Current qtr. invoice deleted: Y ___ N ___ N/A ___	
TERMINATION: License verified: _____ SentiCard® terminated: _____ Future qtr. refunded: Y ___ N ___ N/A ___	
LOCKBOX SVC.: Terminate: Card term'd: _____ Active with RMLS- Chngd. Mrbsp. Type: _____ Reactivate: Activation fee pd.: _____ Svc. activated with: ___ C card ___ P card CRM note(s): _____	SUC