



### MLS OF CHOICE POLICY AND WAIVER

The participant of the service shall be exempt from payment of multiple listing subscription fees for any individual employed by or affiliated as an independent contractor with the Participant who does not actually have access to and use of the service and can demonstrate subscription to an MLS where their broker is a participant.

Such exemption shall remain in effect until \_\_\_\_\_ . The exemption for any individual shall automatically be revoked upon the individual's utilization of the service in any manner.

\*Date through which MLS subscription is valid

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### CERTIFICATION BY INDIVIDUAL AFFILIATED WITH MLS PARTICIPANT

I, \_\_\_\_\_, associated with \_\_\_\_\_,  
Name of Individual and NRDS ID Name of Participant

do not use the multiple listing service in any way at any time and understand that if I should utilize the multiple listing service at any time or use the MLS as the source of any property information, the Participant with whom I am affiliated is obligated to pay an additional individual subscription fee. Violation of the terms of the waiver can subject the licensee and the Participant to sanctions. Individuals who operate as a member of a team are only eligible for a waiver if all team members waive subscription to the service.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Printed Name of Individual

\_\_\_\_\_  
Name and Phone Number of MLS service where subscription is held.

\_\_\_\_\_  
\*Date through which subscription is valid.

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### CERTIFICATION BY PARTICIPANT

I agree that if \_\_\_\_\_ utilizes the multiple listing service in any  
Name of Individual

way at a future date, I will notify the service and pay the required subscription fee.

All listings of the Participant must be entered into the MLS database. Listings procured by a waived subscriber must be entered under the name of the Participant, or their designated non-exempt subscriber. Contact information for the exempt subscriber cannot appear in the MLS compilation.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant

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| <p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Date Verified _____</p> <p>Staff Initials _____</p> |
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