

SPACE COAST ASSOCIATION OF REALTORS®, INC.

2950 Pineda Plaza Way – Palm Shores, FL 32940 Phone: (321) 242-2211 ~ Fax: (321) 255-7669 www.SpaceCoastMLS.com



SUPRA eKEY REQUEST - ACCESS TO OTHER BOARDS

Your Space Coast Association of REALTORS® Membership grants you cooperating SUPRA key access to the Realtor® Associations throughout the state that participate with us in a Reciprocal Agreement.

As a reminder, **you must** follow the showing instructions as stated in the listing and as a courtesy, you should call the listing office or the listing agent prior to a showing, even if it is vacant.

Please fill this form out <u>completely</u> and email it to <u>ALL Associations</u> you would like access to.

Access is granted as a courtesy by the Cooperating Association(s).

See Attached List for Participating Associations

| I am r | equesting access to: | | | | |
|---|--|-------------------------|-----------------|------------------------------|--|
| I am a | a Primary Member of: Space Coast | : Association of RE | ALTORS®. | | |
| Name: | | | License #: | | |
| Firm N | lame: | | | | |
| Firm A | Address: | | | | |
| City: _ | | | State: | Zip: | |
| Firm P | Phone: | Agent Cell Phon | ie: | | |
| Agent | E-Mail Address: | | | | |
| YOUR SUPRA eKEY Serial Number:(Found at the | | d at the Top of your eK | SUPRA Pin Code: | | |
| <u>Instru</u> | uctions: | | | | |
| 1. | E-Mail to <u>EACH</u> Association you wo processed as quickly as possible. Ho 72 hours for a co-op request to be proyou are requesting access to. | wever, given varying A | ssociation wo | orkloads, please allow up to | |
| 2. | Important: If you change your PIN number, or obtain a new eKEY, you must notify the appropriate cooperating Association(s) or your eKEY will not work. | | | | |
| 3. | Once you are notified by the cooperating Association that your eKEY has been added, you must perform an update before the eKEY will work. | | | | |
| Signa | ture: | | Date: | | |



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Associations We Have Cooperating Agreements With

| ASSOCIATION NAME | <u>PHONE</u> | EMAIL ADDRESS |
|------------------|--------------|---------------|
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REQUEST FOR SUPRA KEY SYSTEM ACCESS

| Name: | | Agent NRD |)S# | _ |
|---|---|---|---|---|
| Agent's Primary As | sociation: | | | _ |
| Agent Phone: | | | | |
| Agent Email: | | | | |
| Firm: | | Firm NRDS#: | | _ |
| Firm Address: | | | | |
| | | | | |
| Firm Phone: | | Firm FAX: | | _ |
| Agent Signature: _ | | | | |
| Supra Key #: _ | | PIN: | | |
| Type: | Ekey | Dkey | Akey | |
| REALTOR® Associat | ion that has a com _l | provided you maintain an a patible Supra lockbox syste immediately notify DBAAR | | |
| showing appointment property, even if it is | nts be made throus vacant. Violation y cause your DBA | of this protocol or inapp AR Supra key system cod | otocol requires that all ting agent <u>prior</u> to showing a ropriate access by you with op access to be immediately | |
| | _ | nat I have read and agree to key access and supra lock b | o abide by all DBAAR rules and box system. | |
| Ву: | Signature | | Date: | |

Daytona Beach Area Association of REALTORS® (DBAAR)



7801 Deercreek Club Rd, Jacksonville, FL 32256 / (904) 394-9494, ext. 1602

Membership@NEFAR.org

Request For Supra Key System Co-Op Access

| Type of Key Access Requested: ☐ eKEY ☐ Active | Key | | | | |
|---|--|--|--|--|--|
| Provide the name of the Realtor association in which you are a primary member: | | | | | |
| Name | | | | | |
| | NRDS # | | | | |
| Supra Key # | PIN # | | | | |
| Firm Name | | | | | |
| Firm Address | | | | | |
| City, State | Zip | | | | |
| Firm Phone () | _ Cell Phone () | | | | |
| Email | | | | | |
| | s will remain active provided you maintain an active a compatible Supra lockbox system. If you change your R immediately. Failure to do so may result in termination | | | | |
| Your request will be processed as quickly as possible, typically within two work days. During periods of high work volume, please allow up to 72 hours. | | | | | |
| | R) requires that all showing appointments be prior to showing a property, even if it is vacant. s by you may cause your NEFAR Supra key systen | | | | |
| By my signature below, I acknowledge that I have reaconcerning use of this co-op key access and Supra loc | nd and agree to abide by all NEFAR rules and regulations lkbox system. | | | | |
| Signature | Date | | | | |