



### WFRMLS Subscriber Form

\*\*\*\* This form MUST be complete to be processed. \*\*\*\*

All transactions must be completed at the Division of Real Estate, your local Board/Association and the WFR separately.

Choose one (1) of the following:

- New    Reactivate    Transfer    Terminate/Inactive    Change Name/Address/Phone

Choose one (1) of the following:

- |                                    |  |  |  |  |
|------------------------------------|--|--|--|--|
| <b>Broker</b>                      | <b>Agent</b>                           | <b>Appraiser (Sold Only)</b>                   | <b>Appraiser (Full Service)</b>                | <b>Other</b>                               |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Assoc. Broker | <input type="checkbox"/> Licensed Appraiser    | <input type="checkbox"/> Licensed Appraiser    | <input type="checkbox"/> Appraiser Trainee |
| <input type="checkbox"/> Branch    | <input type="checkbox"/> Sales Agent   | <input type="checkbox"/> Certified Residential | <input type="checkbox"/> Certified Residential |  |
|                                    |  | <input type="checkbox"/> Certified General     | <input type="checkbox"/> Certified General     |  |

#### Please Fill Out the Following:

SSN (last 4 digits only) \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ License # 0 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State UT ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Mobile \_\_\_\_\_

*These numbers will automatically appear on your listings*

Email Address \_\_\_\_\_

#### NEW SUBSCRIBERS/TRANSFERS:

I will be with \_\_\_\_\_ OfficeID # \_\_\_\_\_

Broker/Appraiser \_\_\_\_\_ Date \_\_\_\_\_

Broker/Appraiser Signature **X** \_\_\_\_\_

#### TRANSFERS/TERMINATIONS:

I will no longer be with \_\_\_\_\_ OfficeID # \_\_\_\_\_

Broker/Appraiser \_\_\_\_\_ Date \_\_\_\_\_

Broker/Appraiser Signature **X** \_\_\_\_\_

#### LOCAL BOARD/ASSOCIATION:

The above licensee is an active member of the \_\_\_\_\_ Board/Association

Board/Association Representative Signature **X** \_\_\_\_\_  
(Signature required for Broker/Appraiser/Sales Agent)

*WFR Use Only*  
Amount Received \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_ Date \_\_\_\_\_ Fine ID \_\_\_\_\_ Initials \_\_\_\_\_