



**MY FLORIDA REGIONAL MULTIPLE LISTING SERVICE**  
Principle Broker/Certified Appraiser Request to Participate  
Statewide Reciprocal

In conformity with the My Florida Regional MLS Rules and Regulations in which I agree to abide, I request participation in the My Florida Regional Multiple Listing Service under the Statewide Reciprocal agreement.

I understand that the MLS exists for principal brokers and certified appraisers to exchange offers of cooperation and compensation on listings and that neither I, nor any of my licensees, may sell, lease exchange, transmit or otherwise disseminate data on active listings, or statistical or listing compilations based on that database, to the general public.

I hereby indemnify the My Florida Regional Multiple Listing Service and agree to hold harmless from and against all claims, losses, damages, costs and expenses of any kind, including attorney's fees, and from liability to any person arising from a broker or certified appraiser's negligence.

I understand that the listing form must have all the shaded/required areas completed and must be signed by the broker and sellers. I also understand that this agreement does not give me access to add or change listings.

As a Statewide MLS Participant I may: submit Residential, Vacant Land, Income & Commercial Listings for \$100.00. Each change thereafter (excluding listing status changes) is \$10.00.

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**MLS Participant – Please Print**

\_\_\_\_\_  
**MLS Participant Signature**

\_\_\_\_\_  
**Firm Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Board/Association Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Board/Association Authorizing Name**

\_\_\_\_\_  
**Board/Association Authorizing Signature**

My Florida Regional Multiple Listing Service  
5032 Goddard Ave, Orlando, FL 32804  
Phone: 407-218-8607 Fax: 407-293-6461