

CAAR SUPPORT STAFF APPLICATION

Email to: membership@caar.com or Fax: 434.817.2836

Support Staff Person [NAME]	CAAR User ID [CAAR use]
Firm Name:	Branch, if applies
This support staff is: [Check one] New to Firm	Taking the place of [NAME] Cancel access of active staff listed on this line
Support Staff Email:	
This support staff person is: [Check one]	
Licensed, but inactive or referral in DPOR A	ctively Licensed as a REALTOR w/ CAAR Un-Licensed
As support in Paragon Platform , please choose one of the add/change all listings for any REALTOR® associated with	following: I understand that first 3 options authorize the user to my firm(s).
	CAAR provides user with unique login. *Firm Admin can assume identity of hes of main firm. Firm admin may assume identity of all agents associated anch office(s) do NOT use this option.
	\$126 billed to support staff user. Security access level 6, no assume identity ed upon registration and pro-rated accordingly, if necessary. <u>MLS</u> the Broker
Office Admin (No branches)-Alias to Office - CAAR of broker to manage all listings for office. Office Admin m	provides user with unique login. *Office administrator may assume identity ay assume identity of all agents in this office.
	les user with unique login. Assistant is alias to agent and has "assume ssistant to: AGENT NAME:
 As principle or managing broker, I hereby request CAA and agents in my firm to allow registered user "assum 	R to register the above named individual. I authorize permission for myself e identity" permission.
	her firm, I understand I am responsible and that NO new app fee applies. Section 11.2 Limitations on Use of MLS Information for Non-Licensed
	on for NEW support staff to firm. This fee is only waived when replacing a
currently "active" support staff user. See payment op	
	mount of \$175 annually, billed in September, for all ACTIVE support staff ly also active REALTORS with CAAR they are exempt from an annual support
 I will notify CAAR of any user who is actively licensed I 	pefore submission of this form.
 I agree to notify CAAR at such time the user is no long cancellation form may be found online at CAAR.com / 	er affiliate with our firm within four (4) business days. Support staff Member Resources / Member and Office forms.
Authorized Principal or Managing Broker or Appraiser Si	gnature Date
Will mail check for \$125 for my new support staff c	r Please charge my VISA/M/C in amount of \$125
CC #:	Exp. Date: CVV:
Signature:	Date:
	11/22/202