

Sussex County Association of REALTORS® (SCAOR)
SentriLock Reciprocal Application

Applicant

First Name: _____ Middle Initial: _____ Last Name: _____

Delaware Real Estate License #: R _____ Appraisal License #: X _____

SMART Card Number: _____ E-Mail Address: _____

Primary Board / Association: _____

Participant

Name of Company: _____ Address: _____

Company Phone _____ Company Fax _____

The Applicant and Participant agree to abide by all SCAOR Bylaws, Rules and Regulations and other obligations of participating in the Lockbox System; agree to be bound by the REALTOR® Code of Ethics; and agree to be subject to discipline by SCAOR for any violation of the Code of Ethics or rules governing operation of the System, including potentially termination of access privileges, and assessment of administrative processing fees, in addition to any other discipline, including fines, that may be imposed. A copy of SCAOR's lockbox system rules is attached.

For Applicant to maintain access to the System, Applicant and Participant must at all times hold a valid Delaware real estate license, and must be a member of the Sussex County Association of REALTORS® Multiple Listing Service.

The Applicant and Participant understand and agree that they must contact the listing office to schedule a showing appointment prior to using the System, unless the listing broker specifically states that a showing appointment is not required.

The Primary Association by signing below confirms that the applicant is in good standing and is eligible for reciprocal access.

Applicants Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Primary Association: _____ Date: _____

THIS SECTION FOR SCAOR STAFF USE ONLY

SCAOR Issued Smart Card Returned: _____

Date Completed _____ Completed by: _____