

D:								
Regio								
		r Name/#:						
OP o	r Investo	or Name:						
an exnew I	kisting Market C	et Center ("MMC") criteria ap arket Center; or (ii) any inve Center also owns a 20% or g REGIONAL DIRECTOR N OF AN APPLICATION FOI	stor with 20 reater equit MUST HA	% or more of thy interest in and	e outstandi other Marke D AN EX	ng equity interests in t Center.	the proposed	
Pleas	se list all	Market Centers in which you	u have equi	ty interests:				
	MC#	MC Name		OF	)	Your Percent Ownership		
PROFITABILITY, AGENT COUNT & RANKING								
		owned Market Center(s) sharket size. Additionally, three						
In order to document current success, please include the most recent for each Market Center:								
□ Vit	tal Signs alance Sh	Trends Report Scorecard neet Loss Statement						
				ccess Indicator ous 12 months)	rs .			
Ма	rket	Owner Profit	Prof	fit Share	Agent	Growth – Agent Count	3 mo Reserves	

Key Success Indicators (previous 12 months)						
Market Center #	Owner Profit	Profit Share	Agent Count	Growth – Agent Count		3 mo Reserves
Certier #				Gross	Net	Y/N
	\$	\$				
	\$	\$				
	\$	\$				
	\$	\$				
	\$	\$				
	\$	\$				

Each currently owned Market Center should demonstrate new Associate growth for the prior 12 months. If not, a plan must be submitted covering the MMC candidate's plan to support the Market Center's growth.

## **QUALIFIED & APPROVED STAFF**

Qualified, approved and fully trained staff & ALC must be in place in current Market Center(s). Please complete the worksheet below:

Market Center	ОР	TL	MCA	MCTT Y/N	ALC Y/N

### GENERAL MANAGER (IF APPLICABLE)

KW may require an approved General Manager on a case-by-case basis.

Do you currently have an approved General Manager for your Market Cente	ſS?
☐ Yes ☐ No	
Name:	

### MEGA RECRUITMENT

Please document historical ability to recruit Mega Associates to current Market Centers; defined as \$10M volume, or \$300,000+ GCI, or 75+ Units, annually, (based on local market conditions).

Name of Mega Associate	Date Joined KW	Previous Company	Sales Volume

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# **GROWTH ENGAGEMENT**

Event	Attendance				
Franchise Systems Orientation (FSO)	Date:				
Family Reunion	Annually? ☐ Yes ☐ No - year last attended:				
Mega Agent Camp	Annually? ☐ Yes ☐ No - year last attended:				
Mega Leadership Camp	Annually? ☐ Yes ☐ No - year last attended:				
Weekly Growth Call	Weekly? ☐ Yes ☐ No				
Regional Calls & Events	□ Yes □ No				
Review and ensure all documents are included and in order. If further explanation is needed for any items required in this application, please include attachment.  By signing below, I am submitting this application for MMC ownership and hereby certify that all of the information provided above is true and correct to the best of my knowledge.					
MMC OP/Investor Signature  Printed Name:					
TO BE COMPLETED BY THE REGION					
The Region acknowledges that to the best of its knowledge, the Market Centers currently owned by the MMC candidate are in 100% contractual compliance with the Franchise Agreement and Keller Williams' cultural standards.					
The Region also acknowledges that these Market Centers have no complaints from other Market Centers, have effective staff in place, and have embraced the cultural, economic and training models of Keller Williams Realty.					
Additional Comments:					
Regional Director Signature  Printed Name:	Date				

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#### **DUAL REGIONAL ACKNOWLEDGEMENT**

(if applicable)

If MMC candidate is submitting an application for a Market Center in a different Region in which they are located, both Regions must address any concerns and submit recommendation.

The \_\_\_\_\_ Region acknowledges that the MMC Candidate disclosed that they were interested in a role at an existing Market Center or a new Market Center outside of their home Region before they began to explore the opportunity. Both Regional Directors recommend this role.

Regional Director Signature Date

Regional Director Signature Date

Printed Name: \_\_\_\_\_

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