

Use Document 1334 Staff Change Form for input Personnel or Office Manager user access levels.
Use Document 1339 Personal Assistant Change Form for Personal Assistants.



Subscriber Change Form

Document #1322

Please print clearly

Revision Date: 4/26/2019

SUBSCRIBER CURRENT INFO.	REQUIRED	Full Name: _____	Web Subscriber ID: _____
		Primary Email: _____ <small>(This will be your RMLS™ login)</small>	
		Office Name: _____	Web Office ID: _____ <small>(Formerly Broker Code)</small>
		Office Type: <input type="checkbox"/> REALTOR® <input type="checkbox"/> Appraiser <input type="checkbox"/> Affiliate	

UPDATED PERSONAL INFORMATION	Check only items that are changing and enter only new information	
	<input type="checkbox"/> New Name: _____	<p>*Important Note: This form will update how RMLS™ contacts you, and your information on new listings. Your contact information will NOT be updated on existing listings. To update your contact information on listings, please update each listing in Listing Load. To change information used in reports and client emails, please update the User Preferences section in RMLSweb.</p> <p>New Home Address: _____</p> <p><small>* When selecting a new Web Subscriber ID, please use the letters of your last name, followed by your first name, to a maximum of 8 letters. We will contact you if your Web Subscriber ID duplicates an already existing one. Passwords can be changed on RMLSweb.</small></p>
	<input type="checkbox"/> New Email: _____	
	<input type="checkbox"/> New Primary Phone: _____ <small><input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Home</small>	
	<input type="checkbox"/> New Mail Preference: <input type="checkbox"/> Home <input type="checkbox"/> Office	
	<input type="checkbox"/> *New Web Subscriber ID: _____	

UPDATED OFFICE INFO.	<input checked="" type="checkbox"/> *Transfer to office: Hybrid Real Estate	Web Office ID: 5HYB01 <small>(Formerly Broker Code)</small>
	<small>* If Subscriber has Personal Assistants (ST), please complete form 1339 for each.</small>	
	Office Address: 2445 Oakmont Way Eugene, OR 97401 <small>(Full address)</small>	
	Participant Broker: Kelly Ranstad Bryan Ranstad <small>(Print name)</small>	

SUBSCRIBER STATUS CHANGE	<input type="checkbox"/> New User <input type="checkbox"/> Broker: Can add/modify own listings only (AA) <input type="checkbox"/> Broker: Can add/modify listings for Brokerage office (BR)
	Access Level: <input type="checkbox"/> Broker: No access to add/modify listings (AG) <input type="checkbox"/> Participating/Managing Broker: Can add/modify listings for entire Brokerage Firm (HB)
	<small>For a detailed description of user access levels, consult your brokerage's Principal/Managing Broker or reference form 1310 on RMLSweb.</small>
	<input type="checkbox"/> Termination: The Subscriber named above will be removed from RMLS™ and will not be billed for services next quarter. If you wish to discontinue your RMLS™ services while continuing to hang your license in a Participating office, please submit Document 1323: Waiver Application instead of this form.
	Reason <input type="checkbox"/> Inactivate License <input type="checkbox"/> Sent License in to State <small>(Choose one):</small> <input type="checkbox"/> Office Closed <input type="checkbox"/> Moved to Non-participating Office <input type="checkbox"/> Other (Explain): _____
	<input type="checkbox"/> Reinstatement If reinstating after a 1+ year absence, complete Doc. 1320 instead of this form. All fees must be paid in full to activate service. Reinstating SentiLock Service <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

LOCKBOX SERVICE	<input type="checkbox"/> Reactivate Service: SentiCard® #: _____ <input type="checkbox"/> I need to purchase a new card (\$10) <small>(\$25 Activation Fee)</small>
	<input type="checkbox"/> Deactivate Service: You will receive a confirmation email. Fees for current service period are non-refundable. Deactivating lockbox service does not close your RMLS™ account. If you wish to terminate your RMLS™ account mark the Termination box and select a reason.

By the signature of your Participant Broker for the transactions listed below their signature, this will amend the Subscriber Agreement and SentiLock Agreement, if applicable, on file with RMLS™.

_____ Subscriber's Signature	Kelly Ranstad Bryan Ranstad Participant Broker/Primary Appraiser/Primary Affiliate <small>(Print Name)</small> Participant Broker/Primary Appraiser/Primary Affiliate <small>(Signature)</small>
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_____	_____
Today's Date	Effective Date

Please EITHER fax this document to (503) 230-0689 (outside Portland Metro area use (877) 256-2170) OR email a pdf copy to frontdesk@rmls.com. Please do not do both. We strive to process your submission within 24 hours after receipt, however, please allow up to 48 hours. We will contact you with login and payment instructions.

RMLS™ Use Only	CRM ID #: _____	Ofc. CRM ID #: _____	Initials: _____	Date: _____
TRANSFER: Email verified: _____ License/NRDS verified: _____ License exp. date updated in CRM: _____				
REINSTATEMENT: License/NRDS verified: _____ License exp. date updated in CRM: _____ Future qtr. reinvoiced: Y ___ N ___ N/A ___ Current qtr. invoice deleted: Y ___ N ___ N/A ___				
TERMINATION: License verified: _____ SentiCard® terminated: _____ Future qtr. refunded: Y ___ N ___ N/A ___				
LOCKBOX SVC.: Terminate: Card term'd: _____ Active with RMLS™ - Chngd. Mrbsp. Type: _____ Reactivate: Activation fee pd.: _____ Svc. activated with: ___ C card ___ P card				
CRM note(s): _____				SUC