



WAIVER REQUEST

Please print or type.

SUBSCRIBER: _____ SIGNATURE: _____

NEW WAIVER:

RENEWAL OF PRE-EXISTING WAIVER:

COMPANY: _____ PHONE: _____

PARTICIPANT: _____ SIGNATURE: _____

(a) As Participant and pursuant to the Rules and Regulations of the SWMLS Inc., I hereby request voluntary waiver status for the above-named Subscriber who is licensed under my Broker’s license, for the following reason(s):

_____ : Illness --Long Term Duration

_____ : Out of Area

_____ : Exclusive Tract Sales Associate

_____ : Associate engaged solely and exclusively in a specialty of the real estate business separate and apart from listing or selling the type of property which are required to be filed with the Service, such as Property Management, etc.

Please check the exception that applies.

_____ Property Management _____ Farm and Ranch _____ Commercial Real Estate (excluding residential income)

PLEASE PROVIDE A BRIEF EXPLANATION:

As the Subscriber, I certify that I will not list or sell the types of properties which are required to be filed with the Service during the period of this waiver.

(a) Participants of SWMLS are not eligible to receive waivers from the Service. This waiver is not transferable if the Subscriber transfers his/her license to another Participant.

(b) By applying for this waiver, the Qualifying Broker (Participant) is certifying that the above Subscriber will not list or sell the types of properties requires to be filed with SWMLS. The Participant agrees to notify SWMLS immediately should the above-named Subscriber begin listing or selling the types of properties required to be filed with SWMLS.

(c) This waivers effectiveness will coincide with the SWMLS billing cycle, July 1 through June 30 yearly. If at any time during this waiver period the Subscriber uses any of the SWMLS services, this waiver will be cancelled.

(d) Application for renewal of waiver must be received prior to May 31st.

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PHONE

505-842-0448
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gaar.com
WEB