



BROKER RECIPROCITY AGENT REGISTRATION

Information and Signature Form

Please Fax Signed form to (508) 957- 4362

All questions regarding the information on this form, or about Broker Reciprocity itself, may be emailed to **BR@cciaor.com**. All information on this application is **REQUIRED** and is considered confidential, and accessible only by the Cape Cod & Islands Multiple Listing Service, Inc. (CC&IMLS).

CC&IMLS Participant(Agent) Name: \_\_\_\_\_ Participant MLS ID: \_\_\_\_\_

Designated Broker (DR) Name: \_\_\_\_\_ Office MLS ID: \_\_\_\_\_

CC&IMLS Participant(Agent) E-mail address: \_\_\_\_\_

(You **must** supply a **unique** e-mail address here (this cannot be a shared email address). This address will be the CC&IMLS's means of communicating with you for notices under this Agreement.)

CC&IMLS Participant Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

CC&IMLS Participant website(s) address(s)/URLs which will feature Broker Reciprocity Listings:

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Broker Reciprocity – Solution Options

- 1.FTP/RETS: I will be requiring a data download via FTP or RETS for Broker Reciprocity information to populate my website.
- A. \_\_\_ I, or a member of my staff, will be managing the data provided through the download on my website.
  - B. \_\_\_ I will be providing my Webmaster or Contractor with the data to manage my Website.
  - C. \_\_\_ My 3<sup>rd</sup> party vendor or Contractor will be downloading the data via FTP or RETS for the purpose of populating the data on my website.
  - D. \_\_\_ CSV: I will be using the CSV function to populate my website.

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**VENDOR INFORMATION -REQUIRED**

**IMPORTANT- 3<sup>rd</sup> Party Vendor/Consultants and Webmasters/Consultants are required to provide signed contract, if not already on file with CC&IMLS, to CC&IMLS before data is released to 3<sup>rd</sup> Party Vendor/ Consultant or Webmaster/Consultant. Third Party Vendor/Consultant MUST provide a "Secure Site" for data reception.**

**Required Information**

Vendors Name	E-mail Address	Contact Person	Site Address
_____	_____	_____	_____
_____	_____	_____	_____



**⇒ Required Signatures ✓**

**Participant acknowledges that the CSV export of Listings is a function of the CC&IMLS system that may only be performed manually by a registered CC&IMLS Participant. Disclosure of user name and/or passwords is strictly forbidden and Participants who disclose their user name and/or password to other parties may be subject to substantial fines and penalties.**

Participant/Agent Signature:

_____	_____
Signature Participant (Agent)	Date

_____	_____
Print Name	Title

**Designated Broker Acknowledgement (Signature of DR Required)**

As DR of the above CC&IMLS Participant application, I acknowledge my responsibility to supervise the disclosed websites for compliance within the Cape Cod & Islands Multiple Listing Service, Inc.'s Broker Reciprocity Guidelines.

_____	_____
Signature of DR	Print Name

_____	_____
Office/Company Name	Date

**DISCLAIMER: The above form is to provide information for the sole purpose and use of the CC&IMLS, and is in no way an endorsement for the services provided by any of the disclosed 3<sup>rd</sup> Party Vendors/Consultants.**