

OFFICE ADMINISTRATIVE FORM SINGLE OFFICE

Revised 3/10/2022

This form is to be used for administrative assistants performing clerical duties for a single office.

Please complete this form and fax it to (508) 845-2434. If you have any questions,

please call MLS PIN Membership at (800) 695-3000 option 3.

Office Name:	MLS Office	ID #:	
Office Address:			
City:		State:	Zip:
Office Telephone #:			
Name of Administrative Assistant: _			
Do you have a real estate license? (P	lease circle one) YES or NO		
License #: Typ	Type of License: Expiration Date:		
Will you be performing duties that u (Please circle one) YES or NO	nder Massachusetts license lav	v require a rea	al estate license?
What duties are you performing as a	n administrative assistant?		
MLS PIN will be assigning an Adminis	strative ID number and passwo	rd to you with	nin 24-48 hours. Please pro-
vide an e-mail address so we can not	tify you with this information w	hen your app	lication has been processed:
Email Address:			
Please have the Principal sign this ap MLS PIN to assign you an Administra			
you access to all Subscribers within t	•		
accounts including listing maintenan	ce.		
Name of Participant or Office Mana	ger (Please Print)		
Signature of Participant or Office M	anager Date		