



BROKER RECIPROCITY VOW AGENT REGISTRATION

Information and Signature Form

Please Fax Signed form to (508) 771-0067

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: ___U_____

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:

Broker Reciprocity – Solution Options

1. FTP DOWNLOAD: I will be requiring a data download via FTP site for Broker Reciprocity information to populate my websites or VOW websites.
 - 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 3rd party vendor or Contractor will be downloading the data from the FTP site for the purpose of populating my website or a Virtual Office Website (VOW) provided on my website.
2. ___ CSV: I will be using the CSV function to populate my website.



VENDOR INFORMATION -REQUIRED

IMPORTANT- 3rd 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 3rd 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
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_____ Print Name	_____ Title
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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 (available on www.cciaor.com).

_____ Signature of DR	_____ Print Name
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_____ Office/Company Name	_____ Date
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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 3rd Party Vendors/Consultants.

Last revised: 12/2/04