

CRIS Multiple Login Request Form

Fax: 330-494-2359 or

Mail: CAS P.O. Box 36479 Canton, Ohio 44735

This form should be completed by both the CRIS Broker (Designated REALTOR® and Agent requesting multiple logins for an unlicensed Personal Assistant(s). Please complete all information and fax to 330-494-2359.

I, _____, attesting that I am an active Designated REALTOR®/Broker member
(Broker/Designated REALTOR®)

of the Centralized Real Estate Information Services, Inc., hereby request an increase to the amount of

simultaneous log-ins to be made available on _____ account for
(CRIS Agent's name)

(Name of Unlicensed Personal Assistant)

As stated in Section 9 (m) of the CRIS Rules & Regulations: For access to the CRIS system by an unauthorized third party as a result of disclosure of Participant or their licensees PIN, regardless of whether such disclosure is intentional, negligent or inadvertent, Participant shall be liable to CRIS, at CRIS's option for liquidated damages as follows:

(1) For the first instance of an unauthorized third-party who gains access to CRIS by means of Participant or licensees PIN, liquidated damages in the amount of Five Hundred Dollars (\$500.00); and

(2) For the second instance of an unauthorized third-party who gains access to CRIS by means of Participants or licensees PIN, liquidated damages in the amount of One Thousand Dollars (\$1,000.00); and

(3) For the third instance of an unauthorized third-party who gains access to CRIS by means of Participants or licensees PIN, revocation of Subscriber's right to use CRIS.

The broker/responsible party of an unlicensed Personal Assistant is to request in writing an increase of the number of simultaneous log-in's to be made available to an agent or agent (s) within their office. The agent will be responsible for changing passwords if/when the PA leaves, but the broker retains ultimate responsibility to CRIS.

Designated Broker Signature

Agent Signature

Firm Name

Agent File Number

Date

(For CRIS Office Use Only)

Request received _____

Completed Date _____

Processed by _____

Filed Date _____