



# APPRAISER TRAINEE APPLICATION

**OCAR HUNTINGTON BEACH** 8071 SLATER AVE., STE 240, HUNTINGTON BEACH, CA 92647 P. (714) 375-9313 • F. (714) 375-9322  
**OCAR LAGUNA HILLS** 25552 LA PAZ RD., LAGUNA HILLS, CA, 92653 P. (949) 586-6800 • F. (949) 586-0382  
**www.OCAR.org**

## APPLICANT INFORMATION

Applicants must apply in person. If you reside outside of the SoCalMLS area, you may have this application notarized and fax it to either OCAR office. Please include a copy of your OREA License, Driver's License, and Credit Card Authorization Form.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ LISTED ON MLS UNDER YOUR CONTACT INFO

WEBSITE: \_\_\_\_\_ LISTED ON MLS UNDER YOUR CONTACT INFO

Office Use Only:	
Reinstate <input type="checkbox"/>	
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HOME ADDRESS: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

PREFERRED CONTACT PHONE: \_\_\_\_\_ LISTED ON MLS UNDER YOUR CONTACT INFO HOME PHONE: \_\_\_\_\_ NOT LISTED ON MLS

PERSONAL FAX: \_\_\_\_\_ NOT LISTED ON MLS PREFERRED MAILING ADDRESS:  OFFICE  HOME (Recommended)

PREFERRED METHOD FOR RECEIVING YOUR MLS FEES RENEWAL INVOICE:  EMAIL (Recommended)  U.S. MAIL

DRIVER'S LICENSE #: \_\_\_\_\_ EXP. DATE: // DATE OF BIRTH: //

LAST 4 DIGITS OF SSN #:  SUPRA KEY SERIAL #: \_\_\_\_\_ PIN CODE:   ActiveKEY -or-  eKEY  
(used only to protect your information)

## OFFICE INFORMATION

Trainees may join only after their Supervising Appraiser has subscribed to the MLS through OCAR.

OFFICE NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_

## OREA LICENSE INFORMATION

LICENSE #: \_\_\_\_\_ EXP. DATE: // TYPE: AT  AG  AL  AR

PLEASE LIST ALL CURRENT AND PAST ASSOCIATIONS OR MLSs (INCLUDING OCAR) OF WHICH YOU'VE BEEN A MEMBER: \_\_\_\_\_

\_\_\_\_\_

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## TERMS AND CONDITIONS OF MLS SERVICE

I hereby apply for participation in the Multiple Listing Service of the Orange County Association of REALTORS®. I represent that I am a real estate appraiser and am duly licensed as such by the State of California.

- I acknowledge prior receipt of a current copy of the Multiple Listing Service Rules and Regulations for my personal use and retention (available online at www.OCAR.org). I represent that I have or will read the same and agree to abide by them as standing and as amended.
- I agree to pay the initial Participation Fee and all other financial charges required by the Multiple Listing Service Participants.
- I acknowledge that I am a Multiple Listing Participant only and not entitled to serve on any Association committees, vote upon or otherwise participate in the operational aspect of the Multiple Listing Service, or to receive any service limited to Association REALTOR® members.

\_\_\_\_\_ Initial Here

## ARBITRATION AGREEMENT

A condition of participation in the MLS is that you agree to binding arbitration of disputes. In the event of any dispute arising out of a real estate business between any Participants and myself (including any licensee employed or associated with my office), said dispute shall be submitted to binding arbitration. You agree for yourself and the corporation or firm for which you act as a partner, officer, principal, or branch office manager to binding arbitration of disputes with:

- (i) REALTOR® members of this Association;
- (ii) MLS Participants of this Association;
- (iii) with any member of the California or National Association of REALTORS®; and
- (iv) any client provided the client agrees to binding arbitration at the Association. Non-Association members have the option of submitting the dispute to arbitration through the Association, with all applicable Association Rules and Regulations to apply. Otherwise, the arbitration shall be heard through the American Arbitration Association. Unless contrary to the American Arbitration Association rules, policy or procedures in effect at that time, said arbitration shall be in accordance with Part 3 Title 9 of the California Code of Civil Procedure.

\_\_\_\_\_ Initial Here

## FAX / EMAIL AUTHORIZATION

My initials below authorizes the Association, including its local, state and national subsidiaries or representatives, to fax and/or email me material advertising the availability of, or quality of, any property, goods or services offered, endorsed or promoted by the Association, at the fax number and email address I have provided on this application. **Please note that OCAR does NOT sell or distribute your email listed on this application for commercial purposes.**

\_\_\_\_\_ Initial Here

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## REQUIRED SIGNATURES

*My signature below indicates that I have read and agree to all of the provisions of this application and that all information given in this application is true and correct.*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINT NAME and DATE

\_\_\_\_\_  
SUPERVISING APPRAISER SIGNATURE **REQUIRED**

\_\_\_\_\_  
PRINT NAME and DATE