

# MLS OF GREATER CINCINNATI, INC.

## IDENTITY SHARING APPLICATION

Email: [Support@CincyMLS.com](mailto:Support@CincyMLS.com)

**All fields are required**

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Applicant Name: \_\_\_\_\_ MLS ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Name: \_\_\_\_\_ Office ID: \_\_\_\_\_

Office Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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I am applying to share identity of:

Licensee (Sharer) Name: \_\_\_\_\_ MLS ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Identity Sharing authorized by:

Broker/Manager Name: \_\_\_\_\_ MLS ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

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- ✓ *By authorizing this access, I, Broker, agree to assume the responsibility for the Applicant to abide by the MLS Rules and Regulations as approved by the Board of Directors and the National Association of REALTORS® and other policies of the MLS. I understand that this access to the MLS is contingent upon the Applicant abiding by these rules, regulations, and policies, and the continued employment relationship. [MLS of Greater Cincinnati Rules and Regulations](#).*
  - ✓ *As the Sharer, I understand that while the Applicant is working as me, the Applicant has access to all of my privileged information and access rights.*
  - ✓ *As the Sharer, I understand that it is my responsibility to disable and remove the Applicant's ability to share if the relationship is dissolved.*
  - ✓ *Detailed instructions will be emailed to all parties when this application is approved, and Identity Sharing has been implemented.*
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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensee (Sharer) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

