EASTERN PANHANDLE BOARD OF REALTORS®, INC Reciprocal Key Access Agreement

Office 304-263-8512/Fax #304-267-8120

FIRST NAME			LASTNAME	
COMPANY NAME				
NRDS ID#				
		esponsibility to become familia the jurisdiction in which I am	ar with and abide by the appropriate rules requesting Key Box access.	
GNATURE			DATE	
PRIMARY ASSOCIATION	:			
Requesting access to:				
VIRGINIA:	BRAR	DAAR	NVAR	
MARYLAND:	PENMAR	FEDERICK CO.	GREATER CAPITOL	
PENNSYLVANIA:	YORK & ADAM	S CO.		
Type of Access: □ REALT	ss: REALTOR AFFILIATE			
Real Estate/Appraisal Licens	se Verification:			
Virginia #	Maryland #	Pennsylvan	nia #	
Verified by:				
	Eastern P			
Name	Organization		Date	

SPECIAL NOTE: Please allow up to 48 hours for processing by Reciprocal Staff prior to initial use of the Key.