

**NEW AGENT / AGENT STATUS CHANGE FORM**

**\*\***This is the only form that will be accepted for agent additions/changes within WPML. **\*\***

**Office Name:** \_\_\_\_\_

**Office ID# for Agent Affiliation:** \_\_\_\_\_

**Agent Name\*:** \_\_\_\_\_

\*As it appears on his/her real estate license

**Agent WPML ID# (if already assigned):** \_\_\_\_\_

**Please place a check next to the appropriate action to be taken:**

- New agent being added to roster\*\* \_\_\_\_\_ Effective date: \_\_\_\_\_  
\*\*A copy of the new agent's Active Real Estate License, along with the completed New/Reactivating Agent Information form (attached) must accompany this form.
- Agent being removed from roster# \_\_\_\_\_ Effective date: \_\_\_\_\_  
#A copy of Referral or Escrow paperwork that was filed with the State must be submitted with this form. If neither was filed, please provide a detailed explanation of the circumstances of the agent's departure.

\_\_\_\_\_  
\_\_\_\_\_

**SUPRA KEY RETURN/CANCELLATION** – The agent is responsible for returning his/her Supra Active Key or cancelling his/her Supra E-Key with WPML.

- Agent transferring into the office named above \_\_\_\_\_ Effective date: \_\_\_\_\_
- Agent reactivating## \_\_\_\_\_ Effective date: \_\_\_\_\_  
##The completed New/Reactivating Agent Information Form (attached) must accompany this form.

**Person to contact with questions (Please print or type.):**

**Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Name of Broker or Office Manager (Please print or type.):**

\_\_\_\_\_

**Signature of Broker or Office Manager:**

\_\_\_\_\_



West Penn Multi-List, Inc.

8980 Perry Highway  
Pittsburgh, PA 15237

412-367-5860  
800-242-0653  
FAX 412-367-5869

## NEW / REACTIVATING AGENT INFORMATION FORM\*

\*In order for West Penn Multi-List to issue an Agent ID# (which allows access to the multi-list), this form must be completed and submitted with the **New Agent/Agent Status Change Form** and a **copy of the agent's active real estate license**. If the agent would like to obtain a lockbox key, he/she should call the West Penn Multi-List office to make an appointment.

Please PRINT CLEARLY, and provide the following information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_  
(NOT the office phone #)

E-Mail Address: \_\_\_\_\_

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

Have you ever previously been an agent in the West Penn Multi-List?

YES \_\_\_\_\_ NO \_\_\_\_\_

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### FOR WPML OFFICE USE ONLY

Office I.D. \_\_\_\_\_

Agent I.D. \_\_\_\_\_

*This form can be found on West Penn Multi-List's website—[www.westpenmmls.com](http://www.westpenmmls.com).*