



NEW AGENT OR AGENT STATUS CHANGE

(To be completed by the Office)

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

Company Name: _____

WPML Office ID# for Agent Affiliation: _____

Agent Name*: _____

*As it appears on his/her real estate license

Agent WPML ID# (if already assigned): _____

Agent Email Address: _____

MANDATORY

Please place a check in the box next to ONE appropriate action to be taken:

NEW AGENT BEING ADDED TO ROSTER** Effective date: _____
(The agent has never had a WPML agent ID#.)

A copy of the new agent's **Active Real Estate License, along with the completed **New or Reactivating Agent Information** form (attached) must accompany this form.

AGENT TRANSFERRING INTO THE OFFICE NAMED ABOVE
Effective date: _____

AGENT REACTIVATING# Effective date: _____
#The completed **New or Reactivating Agent Information** form (attached) must be submitted with this form.

AGENT BEING REMOVED FROM ROSTER## Effective date: _____
##A copy of the **communication that was sent to the State** must be submitted with this form. If nothing was sent, 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 XpressKEY™ or cancelling his/her Supra eKEY® with WPML.

OFFICE ADMINISTRATOR 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:

This form can be found in zipForm® Plus. Email to inbox@westpenmls.com.



8980 Perry Highway
Pittsburgh, PA 15237
412-367-5860
FAX 412-367-5869
inbox@westpenmls.com

NEW OR REACTIVATING AGENT INFORMATION *

Effective Date: _____

*Complete and submit this form (see email address above) with the following:

- New Agent or Agent Status Change form** (completed by the Office)
- 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 or make arrangements to obtain a key remotely.****

Please PRINT CLEARLY, and provide the following information:

Agent Name: _____

Agent Home Street Address: _____

City/State/Zip: _____

Agent Primary Phone #: _____
(NOT the office phone #)

Agent Email Address: _____
MANDATORY

Company Name: _____

WPML Office ID# for Agent Affiliation: _____

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

YES _____ NO _____

.....

FOR WPML OFFICE USE ONLY

Office I.D. _____

Agent I.D. _____ Supra and Matrix were searched for possible duplication.
Initials: _____ Date: _____

This form can be found in zipForm® Plus. Email to inbox@westpenmls.com.