



## Blue Ridge Association of REALTORS®, Inc. Reciprocal Key Access Agreement



First Name MI Last Name

Company Name Phone #

Office Address City State/Zip

NRDS Member ID# \_\_\_\_\_

Primary Association: \_\_\_\_\_ BRAR \_\_\_\_\_ Key issued by: \_\_\_\_\_ BRAR \_\_\_\_\_

Active Key # \_\_\_\_\_ Pin # \_\_\_\_\_

Ekey # \_\_\_\_\_ Pin # \_\_\_\_\_

Requesting access to:  MAAR  EPBR  AAR

Real Estate/Appraisal License Verification:

Virginia # \_\_\_\_\_  West Virginia # \_\_\_\_\_

By my signature below, I hereby acknowledge and understand that it will be my responsibility to become familiar with and abide by the appropriate rules and regulations of the particular Supra Electronic Key System provider of the area(s) in which I have chosen to obtain KeyBox access.

Signature Date

Verified by:

BRAR

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