



**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 CAAR

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