

# Blue Ridge Association of REALTORS®, INC

## Reciprocal Key Access Agreement

**\*\*This form has to be filled out entirely in order to be processed.\*\***

**\*\*Please allow 48 hours to process.\*\***

---

First Name	MI	Last Name
------------	----	-----------

---

Company Name	Phone #	Fax #
--------------	---------	-------

---

Office Address	City	State/Zip
----------------	------	-----------

---

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

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
-----------	------

Primary Association: \_\_\_\_\_ Key issued By: \_\_\_\_\_

Key # \_\_\_\_\_ DKey/EKey(circle one) \_\_\_\_\_ PIN# \_\_\_\_\_

Companion key #(**ONLY** if you have an EKey, ie. Palm or cellphone) \_\_\_\_\_ PIN# \_\_\_\_\_

Requesting access to:    ☐ MAR            ☐ BRAR            ☐ EPBR            ☐ PENMAR            ☐ GCAAR

Type Access:            ☐ REALTOR            ☐ Affiliate

Real Estate/Appraisal License Verification – **A copy of your license will need to be submitted along with this form.**

☐ MD # \_\_\_\_\_    ☐ VA # \_\_\_\_\_    ☐ WV # \_\_\_\_\_    ☐ PA # \_\_\_\_\_

Verified by: \_\_\_\_\_

---

Name	Association	Date
------	-------------	------

**\*\*\*Please note – Dkeys and Companion Keys will need to be brought in to be programmed at your primary board office, along with the submittal of this form & proof of license.**