



ASSISTANT/USER INFORMATION

Date ____/____/____
MM DD YR

Local Service Center _____ Staff Contact: _____

EMPLOYER INFORMATION

☐ BROKER ☐ AGENT

Employer Name: _____ NRDS #: _____
(PLEASE USE COMPLETE 9-DIGIT #)

Employer Address: _____
Street/P.O./Apt City State Zip

Employer Phone: _____ Fax #: _____

E-Mail: _____ Web: _____

ASSISTANT/PARTICIPANT INFORMATION

☐ Assistant (Personal Assistant) ☐ Assistant (Brokerage Office Staff/Assistant) ☐ Assistant (Company Assistant)

Action to be taken:

☐ Activate ☐ Delete ☐ Transfer ☐ Reinstate

Change Contact Information :

☐ Phone/Fax/Cell Change ☐ Name Change ☐ Address Change ☐ Email/Web Change ☐ Other: _____

Assistant Name: _____ Assistant ID/ _____
(PLEASE USE COMPLETE 9-DIGIT #)

Office Phone _____ Fax: _____ Cell Phone: _____

Home Address: _____
Street/P.O./Apt City State Zip

(Required to verify against DBPR records)

E-Mail: _____

Password: _____
(4-15 characters maximum)

SIGNATURES

Employer Signature _____ Date ____/____/____

Assistant Signature _____ Date ____/____/____

For office use only: ☐ Checked against DBPR ☐ Identification Verified by Photo Id (Form to be retained in LSC Files)

LSC Staff: _____ Date ____/____/____