

### PERSONAL INFORMATION FORM

Date: \_\_\_\_\_ 1

User ID# / LAG#: \_\_\_\_\_ 2

SUBSCRIBER CATEGORY: 3

**Broker** 4

**Licensed Appraiser** 5

**Appraiser in Training** 6

**Clerical** \* (This form is **required** for access to NWMLS's On-line System) 7

\* *Employed by Member / Appraiser Member --- Licensed?*  Yes  No 8

Name: \_\_\_\_\_ 9  
(Type/Print) Last First M. Initial

Residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_ 10  
Street Address

\_\_\_\_\_ 11  
City State Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ 12

Real Estate License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 13

First Place of Employment: \_\_\_\_\_ 14

Washington State Driver's License Number: \_\_\_\_\_ 15

Email Address for Billing: \_\_\_\_\_ 16

Email Address for Matrix: \_\_\_\_\_ 17

**Subscriber Signature:** \_\_\_\_\_ 18

Member Firm Name: \_\_\_\_\_ 19

NWMLS Office #: \_\_\_\_\_ 20

Designated Broker/Branch Manager/Appraiser Member Name: \_\_\_\_\_ 21  
(Type or Print)

Please **complete** the form and submit it to NWMLS or fax to NWMLS at 1-888-821-3705. 22