

BROKER AUTHORIZATION FORM – ASSISTANT to ACCESS SUPRA

I _____ am the Broker /Owner /Designate (check one)
(Broker/Owner/Designate Name)

for _____ and I authorize the Central Alberta REALTORS®
(Brokerage Name)

Association to issue a SUPRA e-KEY to _____
(Assistant Name)

Who is acting as an assistant for _____, an Associate in my office.
(Associate Name)

It is understood:

The Assistant will sign a SUPRA USER AGREEMENT and abide by the terms contained in it;
That Myself, the Associate and the Assistant have read RECA's Information Bulletin;
"Assistants – Real Estate Brokerage", any updates from RECA pertaining to the activity of
Assistants and any further legislation or rules that may cover said activities;
I affirm that I have sufficient brokerage policies to oversee the activities of Assistants and
am in compliance with all rules and regulation in this matter.
I acknowledge that I have confirmed that I have done my due diligence in reviewing my
Brokerage's General Liability Insurance policy and am satisfied what the person(s) above
have coverage within it and that I am in compliance with Association policy in this
matter.

(Check One)

Please bill the annual SUPRA Access Fee to the Brokerage account.

The Associate or Assistant will pay the annual SUPRA Access Fee directly to CARA.

Signed this _____ day of _____, 20 _____.

(Broker/Owner/Designate)

NOTE: This agreement does not survive the Assistant's term of employment. If the Assistant named above changes Brokerage employers, a new agreement with a new Brokerage MUST be signed. If one is not signed, then the signed SUPRA agreement will also be considered terminated and access will be terminated.