

PLEASE SUBMIT – a CURRENT Letter of Good Standing
from your Association/MLS or have staff sign the form
below. THANK YOU!

Reciprocal MLS UPDATE FORM

SANDICOR, Inc.
5414 Oberlin Dr., Suite 150
San Diego, CA 92121
TEL: 858-622-6200 • FAX: 858-622-6222
www.sandicor.com

SENTRILOCK Card # _____ Pin Code: _____ (if you need Key Access)
Office ID Number _____ Agent ID Number _____
Your Sandicor Office ID and Agent ID will be on the enclosed invoice

Agent Name _____

Residence Address _____

City _____ State _____ Zip _____

Primary Agent # (_ _ _) _ _ _ - _ _ _ _ Fax (_ _ _) _ _ _ - _ _ _ _

Additional Agent Phone: (_ _ _) _ _ _ - _ _ _ _

DRE License # /AP Cert # _____ Social Security # _ _ _ - _ _ - _ _ _

Email: _____ Web Page: _____

Office Name _____

Office Address _____

Suite _____ City _____ State _____ Zip _____

Office Phone (_ _ _) _ _ _ - _ _ _ _ Fax (_ _ _) _ _ _ - _ _ _ _

Designated Broker/Manager: _____

***Please certify that the above agent/office is in good standing and can continue using their SENTRYLOCK card in San Diego County.**

Current MLS/Service Center Name _____

Address _____ City _____ State _____ Zip _____

**Signature of Primary MLS/Association Staff*

Staff Name (Please Print)

Staff Signature

Association/MLS Contact Phone Number: _____

Contact Mailing Address
(Please Check)
Res: _____
Or
Office: _____
(If left unchecked all notices will be sent to the office)