

## Space Coast Association of REALTORS®, Inc. REQUEST FOR SUPRA CO-OP KEY For OTHER BOARDS

Your key can be programmed to work in the cooperating Associations below:

Access is granted as a courtesy by the Cooperating Association(s).

Type of Key Access Requested:	E-Key	Xpress-Key	Active Key	
Realtor® Association your E-Key	was issued: _			
Check the Association where yo	ou would like	key access:		
ASSOCIATION New Smyrna Association	<b>PHONE</b> 386.428.2104	EMAIL <u>ADDRESS</u> staff@nsbboard.com	<u>FAX</u> 386.426.6564	
Orlando Regional	407.253.3580	membership@orlandorealto	ors.org 407.293.6083	
Osceola County Association	407.846.0117	membership@osceola-real	tors.com 407.846.0217	
West Volusia Association	386.774.6433	info@westvolusiarealtor.org	386.774.7422	
For Daytona Beach Association (DBA SUPRA Co-op Requests – See Page 2		For Northeast Florida Assoc SUPRA Co-op Requests – Se		
Please fill out completely and fo	ax or email to	each Association you wo	ould like access to:	
Name:	e: License #:			
Firm Name:				
Firm Address:				
City:		State:	Zip:	
Firm Phone:	Age	ent Cell Phone:		
Agent E-Mail Address:				
YOUR SUPRA Key Serial Number: _	SUPRA Key Serial Number: SUPRA Pin Code:			
Instructions				
<ol> <li>Fax or E-Mail to <u>each</u> Assoc as quickly as possible. Howe hours for a routine request to Association to arrange.</li> </ol>	ever, given var	ying Association workloads,	, please allow up to 72	
2. <b>Important:</b> If you change you Association(s) promptly or you	•	•	, •	
3. After you are notified by the you must perform an update			·	
Signature		Date:		



## REQUEST FOR SUPRA KEY SYSTEM ACCESS

Name:		Agent NRD	)S#	_	
Agent's Primary As	sociation:			_	
Agent Phone:					
Agent Email:					
Firm:		Firm NRDS#:		_	
Firm Address:					
Firm Phone:		Firm FAX:		_	
Agent Signature: _					
Supra Key #: _		PIN:			
Type:	Ekey	Dkey	Akey		
Your coop key access will remain active provided you maintain an active primary membership in a REALTOR® Association that has a compatible Supra lockbox system. A change of primary association membership requires you to immediately notify DBAAR or your access may be terminated.					
showing appointment property, even if it is	nts be made throus vacant. Violation y cause your DBA	of this protocol or inapp AR Supra key system cod	otocol requires that all ting agent <u>prior</u> to showing a ropriate access by you with op access to be immediately		
	_	nat I have read and agree to key access and supra lock b	o abide by all DBAAR rules and box system.		
Ву:	Signature		Date:		

**Daytona Beach Area Association of REALTORS**® (DBAAR)



7801 Deercreek Club Rd, Jacksonville, FL 32256 / (904) 394-9494, ext. 1602

## Membership@NEFAR.org

## **Request For Supra Key System Co-Op Access**

Type of Key Access Requested: ☐ eKEY ☐ Active	Key			
Provide the name of the Realtor association in which you are a primary member:				
Name				
License #	NRDS #			
Supra Key #	PIN #			
Firm Name				
Firm Address				
City, State	Zip			
Firm Phone ( )	_ Cell Phone ( )			
Email				
•	s will remain active provided you maintain an active a compatible Supra lockbox system. If you change your I immediately. Failure to do so may result in termination			
Your request will be processed as quickly as possible, work volume, please allow up to 72 hours.	typically within two work days. During periods of high			
	R) requires that all showing appointments be prior to showing a property, even if it is vacant. s by you may cause your NEFAR Supra key systen			
By my signature below, I acknowledge that I have reaconcerning use of this co-op key access and Supra loc	nd and agree to abide by all NEFAR rules and regulations kbox system.			
Signature	Date			