

# Western Arizona REALTOR® Data Exchange (WARDEX) Waiver Application Form (rev. 6-19-08)

**A. The Participant of WARDEX shall be exempt from payment of service fees for any licensed individual who is a REALTOR® Member, and is employed by or affiliated as an independent contractor with the Participant, who: (initial by the appropriate #s)**

1. does not actually have access to and use of the WARDEX service,  
*and*
2. works solely in the field of property management. This property management must consist of management of apartment complexes or commercial properties, and does not possess a Supra or SentiLock KeyCard.  
*or*
3. is a REALTOR® Member who is out of the area of the Western Arizona REALTOR® Data Exchange (WARDEX) territory on a permanent or long term basis (long term being at least six (6) months), and does not possess a Supra or SentiLock KeyCard.  
*or*
4. is a REALTOR® Member afflicted by a serious illness that does not allow he or she to practice real estate for at least two (2) months.

**B. Should this be the case, please write a statement as to how this individual qualifies per Section A of this form and attach to this Waiver Form. In the event that a waiver is submitted without this statement, the waiver will be automatically denied.**

- C. All waivers are considered on a case by case basis.
- D. The exemption shall be effective immediately upon approval, and shall be effective through the current fiscal year (July 1<sup>st</sup> through June 30<sup>th</sup>). Approval of a waiver in a previous fiscal year does not guarantee approval for the current fiscal year.
- E. The exemption for any individual shall automatically be revoked upon the individual's utilization of the Service in any manner.

**FEES:** A \$25 processing fee will be charged for any waivers based on the qualifications of: Working solely in the field of property management; being out of the area on a long term basis. This processing fee must accompany the request for a waiver.

**Note: Licensed Secretaries and Personal Assistants do not qualify for waivers.**

## Qualification of individual affiliated with Participant in WARDEX:

I \_\_\_\_\_, associated with \_\_\_\_\_,  
(Print Applicant's Name) (Print Participant's/Office's Name)

meet the qualifications as outlined above and do not use the WARDEX service in any way at any time, and understand that if I should utilize the WARDEX service at any time, the Participant with whom I am affiliated is obligated to pay the billing fees that were waived through this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## Certification by Participant of WARDEX as to Individual's Qualification above:

I agree that if \_\_\_\_\_ utilizes the WARDEX service in any way during the effective period, I will notify WARDEX

(Applicants Name)

in writing within seven working days of such use and will pay all billing fees for the applicant dating back to the time the waiver was approved.

**I further understand that my failure, as the Participant, to notify WARDEX of utilization of the DEX by the individual granted a waiver shall result in assessment of a fine in the amount of \$1000 per violation.**

\_\_\_\_\_  
Date \_\_\_\_\_

Signature of Participant (Broker)

This Waiver is valid only for the Participant and Applicant listed above. If the Applicant transfers to a different office, this waiver becomes void and he or she is required to reapply for the Waiver under the new Participant.

WARDEX Use Only The exemption shall be effective \_\_\_\_\_ to \_\_\_\_\_

Approved / Denied Date: \_\_\_\_\_ WARDEX Representative Signature: \_\_\_\_\_