

SentriLock Reciprocal Key Access Agreement Form

First Name	MI	MI Last Name	
Company Name		Phone #	Email
Office Address	City	State	Zip Code
Initial that you will comply:			
I have read, and will Association of REALTORS, as		ock Box Rules and Regula	itions of the Bay Area
I will comply with the amended) for the access and https://www.nar.realtor/site	use of the Key Box Syst		(as from time to time
I will notify each listi use of the Key Box. This notif cooperating agent may access	fication is to be prior to	the actual entry unless t	=
I will NOT ALLOW of App. I acknowledge that this	-	•	or Login for the SentriLock to \$2,500.00
By the signatures below, bot acknowledge and understand appropriate rules and regular	d that it will be their res	ponsibility to become fa	· ·
Signature of Agent	Maryland Li	cense Number	Date
Signature of Designated REA	LTOR/Principal Broker/N	Manager Maryland Li	cense Number Date

This portion must be completed by the Association Board Office that issue the Card: Prior to submitting the form for Approval.

SentriCard Issued By: (Associ	ation/Board)	
SentriCard#	NAR ID# (NRDS):_	
Real Estate and / or Appraiser Maryland#		
Association Point of Contact:		
Name/Signature	Organization	Date

• Please note this can take up to 48 hours to Process.

Bay Area Association of REALTORS

1712 Main St. Suite #100/ Chester, MD. 21619/p: 443-249-3442/ info@bayarearealtors.com