

Use this form to create an account for a new associate. All Licensees under the Participants supervision and control must have their own account

Instructions:

- Complete the information below
- Verify the Associates real estate license is active on the Colorado Division of Real Estate website or submit a stamped receipt showing the paperwork has been submitted
- Have the Participant sign below
- Email the form to Userform@recolorado.com or fax to 303.850.9637
- NOTE: If the Associate currently has an account with REcolorado please use the Transfer Associate form

Office Information

Office ID	Office Name		
Broker Load (Ability to Add or Change Listings)			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Associate Information

License Number from DORA		
Name		
Email		
Mailing Address		
City, State, Zip		
Direct Phone	Mobile Phone	Fax
Realtor Association Membership		
<input type="checkbox"/> AAR <input type="checkbox"/> DERA <input type="checkbox"/> DMAR <input type="checkbox"/> MMAR <input type="checkbox"/> SMDRA <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____		

▪Participant (Managing Broker) signature	▪Date
--	-------