



WAIVER APPLICATION
For the FY period from July 1, 20____ to June 30, 20____

Hawaii Information Service (“HIS”) provides participants the option of a waiver of fees, dues, and charges for certain licensees or licensed or certified appraisers affiliated with participants as described in the HIS Rules and Regulations – Section 14.05 (“Associate Subscriber Fee Waivers”).

This waiver shall be effective as of the Effective Date listed below, subject to review and final approval by the HIS Board of Directors*. This waiver is only valid through the end of the current fiscal year as listed above. A new waiver application must be submitted each fiscal year.

*Note: Waiver Applications are subject to the final approval of the HIS Board of Directors at their regular scheduled meetings. It may take up to three (3) months for waivers to be fully approved. If the Waiver Application is rejected by the HIS Board of Directors, then Waiver Applicant may be subject to the fees charged for Associate Subscribers subscriptions retroactive to the Effective Date of this Waiver Application.

PRINCIPAL BROKER SUBSCRIBER: Please complete the information below.		
Principal Broker Subscriber’s Name:	Company/Firm’s Name:	Effective Date of Waiver:

PRINCIPAL BROKER SUBSCRIBER: Please review the following conditions and indicate your agreement by initialing next to each item below.	
Item/Description	PBS Initials
Principal Broker Subscriber (“PBS”) certifies that the individual(s) listed in Exhibit A (the “Waiver Applicant(s)”) is/are affiliated with me and is/are eligible for a waiver of fees, dues, and charges under the Fee Waiver Policy.	
PBS will submit to HIS any change to this form or Exhibit A within 24 hours of the change.	
PBS shall not permit Waiver Applicant(s) to access or use any services of HIS, as described in HIS MLS Rules & Regulations, at any time. Any access or use of any HIS services by a Waiver Applicant constitutes a violation of the Fee Waiver Policy, which will result in an automatic revocation of this waiver for the individual Waiver Applicant, and fees and penalties as described in the Fee Waiver Policy.	
PBS shall immediately notify HIS in the event it becomes aware of any Waiver Applicant accessing or using the services of HIS in violation of the Fee Waiver Policy.	
PBS agrees that PBS shall respond within 72 hours to any compliance inquiry by HIS regarding any of its listings and licensees.	
PBS consents to HIS communicating with other MLSs to verify licensees’ subscription status.	

Principal Broker Subscriber certifies that the information provided in this form is accurate and correct.

Principal Broker Subscriber’s Signature: _____ **Date:** _____

Please print, complete, sign and mail, email or fax this form to Hawaii Information Service: by Mail to: Hawaii Information Service, 680 Iwilei Road #670, Honolulu, HI 96817; by Fax to: 1-888-628-3121 (Neighbor Islands) or 536-6499 (Oahu); by Email to: Membership@hiinfo.com. If there are any questions, please call: 1-800-628-3121 (Neighbor Islands) or 599-4224 (Oahu).

Presented to HIS Board of Directors on:	APPROVED DENIED
Signature of HIS:	Date: ____/____/____



WAIVER APPLICATION EXHIBIT A – WAIVER APPLICANTS

Principal Broker Subscriber certifies the following licensees meet the requirements for a fee waiver as described in the Fee Waiver Policy. (Attach additional pages, if necessary.)

PRINCIPAL BROKER SUBSCRIBER: Please complete the information below for each Waiver Applicant			
Waiver Applicant's Name:		License Number:	
Basis of waiver - I confirm that the Waiver Applicant (check one of the options):	<input type="checkbox"/> Option 1 - Maintains a subscription to a different MLS where PBS also participates.	<input type="checkbox"/> Option 2 - Is engaged exclusively in a specialty of the real estate business <i>other than</i> listing, selling or appraising properties required for submission to HIS.	
	Name of subscription MLS: _____	<input type="checkbox"/> Property Mgr	<input type="checkbox"/> Partner
	MLS Address: _____ _____	<input type="checkbox"/> Timeshare Agent	<input type="checkbox"/> Director
		<input type="checkbox"/> Office/Bus Mgr	<input type="checkbox"/> Shareholder
		<input type="checkbox"/> Corp Officer	<input type="checkbox"/> Other, please describe: _____
Waiver Applicant's Name:		License Number:	
Basis of waiver - I confirm that the Waiver Applicant (check one of the options):	<input type="checkbox"/> Option 1 - Maintains a subscription to a different MLS where PBS also participates.	<input type="checkbox"/> Option 2 - Is engaged exclusively in a specialty of the real estate business <i>other than</i> listing, selling or appraising properties required for submission to HIS.	
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	MLS Address: _____ _____	<input type="checkbox"/> Timeshare Agent	<input type="checkbox"/> Director
		<input type="checkbox"/> Office/Bus Mgr	<input type="checkbox"/> Shareholder
		<input type="checkbox"/> Corp Officer	<input type="checkbox"/> Other, please describe: _____
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	MLS Address: _____ _____	<input type="checkbox"/> Timeshare Agent	<input type="checkbox"/> Director
		<input type="checkbox"/> Office/Bus Mgr	<input type="checkbox"/> Shareholder
		<input type="checkbox"/> Corp Officer	<input type="checkbox"/> Other, please describe: _____
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		<input type="checkbox"/> Office/Bus Mgr	<input type="checkbox"/> Shareholder
		<input type="checkbox"/> Corp Officer	<input type="checkbox"/> Other, please describe: _____

Principal Broker Subscriber's Signature: _____ Date: _____