

**COOPERATIVE ARKANSAS REALTORS®
MULTIPLE LISTING SERVICES, INC.
(CARMLS)
PARAGON TRAINING WAIVER
Date: _____**

Company

Name: _____ ("Company")

Waiver Request

For: _____ ("Individual")

Individual hereby requests waiver of Paragon training.

Individual acknowledges that, upon waiver approval, CARMLS is not responsible for customer service support for individual for the duration n of the waiver or until such time as individual attends the Paragon training.

Typed/Printed Name of Individual

Signature of Individual

I acknowledge, and therefore give permission, for said Individual to be waived from Paragon training as stated herein.

Typed/Printed Name of Broker/Designated REALTOR®

**Signature of Broker/Designated REALTOR®
CARMLS, INC.**

By: _____ / _____
CARMLS Representative Accepted Denied