



Prince Georges County Association of Realtors®
The Voice of Real Estate

Sentrilock Reciprocal Key Access Agreement Form

First Name _____ Last Name _____ Cell # _____

Company Name _____ Phone# _____ Email _____

Office Address _____ City _____ State _____ Zip Code _____

Initial that you will comply:

_____ I have read, and I am familiar with the entire Lockbox and Keycard Rules and Regulations of the Coastal Association of REALTORS® Inc., attached.

_____ I will comply with National Association of REALTORS® requirements (as from time to time amended) for the access and use of the Key Box System.

_____ I will notify each listing office or listing agent of my intention to enter the property through the use of the Key Box. This notification is to be prior to the actual entry unless the listing indicated the cooperating agent may access the property without prior notice to the listing agent or the listing office.

_____ I will NOT ALLOW other agents or consumers to use my Smart Card or Login for the Sentrilock App.
I acknowledge that this is a finable offense, with minimum fine of \$1,000.

By the signatures below, both the agent and Designated REALTOR®/Principal Broker/Manager hereby acknowledge and understand that it will be their responsibility to become familiar with and abide by the appropriate rules and regulations of the Sentrilock System provider.

Signature of Agent _____ Date _____

Signature of /Principal Broker/Manager _____ Date _____

This portion must be completed by the Association/Board office that issued card prior to submitting this form for approval:

SentriCard Issued By (Association/Board): _____

SentriCard # _____ NARID# (NRDS): _____

Real Estate/Appraiser License Verification:

Maryland _____ Virginia _____ Pennsylvania (York) _____

Association Representative: _____ Date _____

**Please Note: This can take up to 24 hours to process*

