



## SentriLock Reciprocal Key Access Agreement Form

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First Name	MI	Last Name	
Company Name	Phone#	Email	
Office Address	City	State	Zip Code

**Initial that you will comply:**

- \_\_\_\_\_ I have read, and will comply fully with the Lock Box Rules and Regulations of the Cecil County Board of REALTORS®, as amended from time to time.
- \_\_\_\_\_ 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.  
<https://www.nar.realtor/sites/default/files/documents/2018-HMLP-v1.pdf>
- \_\_\_\_\_ 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 fineable offense, with a minimum fine of up to \$2,500.**

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.

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Signature of Agent	Maryland License Number	Date
Signature of Designated REALTOR®/Principal Broker/Manager	Maryland License Number	Date

**This Portion Must be Completed by the Association Board Office That Issued the Card; Prior To Submitting This Form For Approval**

SentriCard Issued By (Association/Board): \_\_\_\_\_

SentriCard#: \_\_\_\_\_ NAR ID# (NRDS): \_\_\_\_\_

Real Estate and /or Appraiser License Verification:

Maryland# \_\_\_\_\_

Association Point of Contact:

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Name/Signature	Organization	Date
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***\*Please Note: This can take up to 48 hours to process***

**Cecil County Board of REALTORS®**  
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