

Licensee Certification Form

(Used to identify the individuals licensed or certified with Designated REALTORS®)

Association Name: _____

Association Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

To Designated REALTORS®: Please complete the following and return it to the Association no later than _____ 20 ____.

List on the attached table all individuals licensed or certified with your office(s), including all principals of the real estate firm. If applicable, identify the association where each person holds REALTOR® or REALTOR-ASSOCIATE® membership or where their nonmember dues are paid.

Note: National Association policy requires that all principals of the firm hold REALTOR® membership.

In accordance with Article _____, Section _____ of the Bylaws of the _____ Association of REALTORS®, this will certify that the individuals on the attached form represent a complete listing of all real estate licensees affiliated with my office located at _____.

I agree to notify the Association of any status changes during the current fiscal year with such notification to be provided to the Association within _____ days from the date of the individual's affiliation or severance of affiliation with my office(s).

Date _____

Certified by (Designated REALTOR®) _____

Signature of Designated REALTOR® _____

Name of Firm _____

Phone _____

