Limited Function Referral Office (LFRO) Certification Form

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 _____.

In accordance with Article _____, Section _____ of the Bylaws of the _____ _____ Association of REALTORS®, this will certify that the undersigned Designated REALTOR® (or his firm) has a direct or indirect ownership interest in an entity engaged exclusively in soliciting and/or referring clients and customers to the REALTOR® for consideration on a substantially exclusive basis. This will also certify that all of the licensees affiliated with that entity (list provided below) are solely engaged in referring clients and customers and are not engaged in listing, selling, leasing, managing, counseling or appraising real property.

Date _____

Certified by (Designated REALTOR®) _____

Signature of Designated REALTOR® _____

Name of Firm _____

Phone _____ Fax _____ Email _____

Agent's Name	**License #**