



SANTA CRUZ COUNTY ASSOCIATION OF REALTORS®

Contact Information for LFRO Agent

(Limited Function Referral Agent)

Copy of Real Estate License required

AGENT CONTACT INFORMATION:

Name (as it appears on real estate license): _____

Firm Name: _____

Firm Address: _____

Firm Telephone Number: _____

Agent Home Address: _____

Agent Cell Phone: _____

E-Mail Address: _____

DRE License Number: _____

Agent Signature: _____

RESPONSIBLE BROKER/DESIGNATED REALTOR®

Broker Name: _____

DRE/CORP. License: _____

Broker Signature: _____



Limited Function Referral Office (LFRO) Certification Form

To Designated REALTORS®: Please complete the following and return to the Association immediately.

In accordance with Article IX, Section 2c, of the Association's bylaws, 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 and are not participants or subscribers in any Multiple Listing Service ("MLS").

This will also certify that the licensee affiliated with that entity is solely engaged in referring clients and customers and is not engaged in listing, selling, leasing, renting, managing, counseling, appraising, or arranging financing for real property and is not a participant or subscriber of any MLS.

(Please include agent's name and license#)

Agent Name _____ Cal DRE # _____

The exemption for any licensee included on the certification form shall automatically be revoked upon the individual being engaged in real estate licensed activities (listing, selling, leasing, renting, managing, counseling, appraising, or arranging financing for real property) other than referrals or upon their joining an MLS, **and dues for the current fiscal year shall be payable.**

The above broker and agent understand and agree to the following:

1. SCCAR will fax this agreement to MLS Listings, Inc., informing them of the subscriber termination which will cause the agents MLS subscription to be terminated.
2. Agent must return Active Key and Leased I Boxes to SCCAR immediately.
3. If agent is found to be practicing real estate and has not reinstated SCCAR membership, I, the responsible broker, agree to pay **\$649** non-member salesperson dues for every year the agent is active under my license and does not reinstate membership.

My agent and I fully understand this agreement and agree to the above

Certified by _____ Date _____
Designated REALTOR®/Broker (print or type name)

Signature of Designated REALTOR®/Broker _____

Agent Signature: _____