



**LIMITED FUNCTION REFERRAL OFFICE CERTIFICATION (LFRO)**

Designated REALTORS®: Please complete the following form and return to RSAOR office.

In accordance with Article IX, Section 2(c), of the Association’s bylaws, this will certify that the undersigned Designated REALTOR® (or his / her 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 also will 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, renting, managing, counseling, appraising, or arranging financing of real property and are not participants or subscribers in any MLS.

Please include agents’ names and their DRE license numbers below:

_____	_____
Last Name, First Name	License Number
_____	_____
Last Name, First Name	License Number
_____	_____
Last Name, First Name	License Number
_____	_____
Last Name, First Name	License Number
_____	_____
Last Name, First Name	License Number
_____	_____
Last Name, First Name	License Number

(Additional spaces located on next page)

**CERTIFICATION:**

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.

Date: \_\_\_\_\_

Certified by (Designated REALTOR® - Print Name): \_\_\_\_\_

Signature of Designated REALTOR®: \_\_\_\_\_

Name of Brokerage: \_\_\_\_\_

Name of LFRO Entity (Referral Firm): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**LIMITED FUNCTION REFERRAL OFFICE CERTIFICATION (LFRO)- ADD'L PAGE**

_____ Last Name, First Name	_____ License Number
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