Blue Ridge Association of REALTORS®



Limited Function Referral Office (LFRO) Certification Form

To Designated REALTORS®: Please complete the following and return to the association office no later than 30 days from date of this notice.

In accordance with Article IV, Section 1, of the association's Bylaws, this will certify that the undersigned Designated REALTOR® (or his firm) has a direct or indirect ownership interest in a separate Limited Function Referral Office, 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, renting, managing, counseling or appraising real property. The Designated REALTOR® (or appointed designee) shall notify the association within three (3) days of any change in status of licensees in a referral firm.

| Agent Name | <u>License Number</u> | Email Address |
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| upon the individual bei | / licensee included on the certification ng engaged in real estate licensed acti or appraising real property) other tha able. | vities (listing, selling, leasing, renting, |
| | | Date |
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| S | Signature of Designated REALTOR® (or | appointed designee) |
| | Name of Limited Function Re | ferral Office |
| | | |
| Phone | Fax | |
| E-mail Address | | |