

#### 2018 BOARD CERTIFICATION FORM

Return by 3/31/18 to <u>info@ricabor.realtor</u> or fax to 888-909-6406. Questions? Call 401-274-8386.

# Select only 1 option & then sign.

Option A (no roster changes) appears on this page

Option B (need to add/remove agent from office) appears on page 2

Option C (my office is affiliated with multiple Boards) appears on page 3

## □ OPTION A: NO ROSTER CHANGES

This will certify that I have logged into the member portal on <u>www.ricabor.realtor</u> and viewed the listing of all licensees affiliated with my firm. That listing represents an accurate record of all real estate and appraisal licensees affiliated with any firm of which I am a Principal, Partner or Corporate Officer. I will notify the Board of any additions to, or deletions to my licensee listing within ten (10) days from the date of the individual's affiliation with, or severance from, my firm(s).

Principal Signature	 Date	
Trincipai Signature	Daie	
Principal's Printed Name	Name of your Firm	
If you have an office administrator that you would like provide their name and email address:	te to add as an unlicensed contact for your firm, please	

I give permission for RICABOR to telephone, email, fax, mail or text me regarding Association activities, products and services. RICABOR leads, supports, and inspires excellence in its members through education, advocacy and business development.



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## □ OPTION B. NEED TO ADD/REMOVE AGENT FROM OFFICE

This will certify that I have logged into the member portal on <a href="www.ricabor.realtor">www.ricabor.realtor</a> and viewed the listing of all licensees affiliated with my firm. That listing represents MOSTLY an accurate record of all real estate and appraisal licensees affiliated with any firm of which I am a Principal, Partner or Corporate Officer. Except please:

Add the following licensees not listed:		
J 0	First Name & Last Name	License Number
Add the following licensees not listed:		
	First Name & Last Name	License Number
Disaffiliate the following licensee:		
	First Name & Last Name	License Number
Disaffiliate the following licensee:		
	First Name & Last Name	License Number
	• •	I understand they are not appearing on the RICABOR member
First & Last Na	me of Licensee	Board they hold a membership in
First & Last Na	me of Licensee	Board they hold a membership in
First Name & Last Name   License Number    Disaffiliate the following licensee: First Name & Last Name   License Number    Disaffiliate the following licensee: First Name & Last Name   License Number    Additionally, the following licensees are associated with my firm, but I understand they are not appearing on the RICABOR member portal as they are members of another Board:  First & Last Name of Licensee   Board they hold a membership in    Attach additional sheets, if necessary.    Will notify the Board of any additions to, or deletions to my licensee listing within ten (10) days from the date of the individual's affiliation with, or severance from, my firm(s).  Principal Signature   Date		
Principal Signature		Date
Principal's Printed Name		Name of your Firm
If you have an office administ provide their name and email	•	add as an unlicensed contact for your firm, please

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## □ <u>OPTION C. MY OFFICE IS AFFILIATED WITH MULTIPLE BOARDS</u>

This will certify that I have logged into the member portal on <u>www.ricabor.realtor</u> and viewed the listing of all licensees affiliated with my firm. That listing represents MOSTLY an accurate record of all real estate and appraisal licensees affiliated with any firm of which I am a Principal, Partner or Corporate Officer. The following licensees are members of another Board, and I understand they will not appear under the member portal of the Rhode Island Commercial and Appraisal Board of REALTORS®.

Syou have an office administrator that you would like to add as an unlicensed contact for your firm, please rovide their name and email address:					
	Name of your Firm				
	Date				
-	licensee listing within ten (10) days from the date of $\epsilon$	he			
ttach additional sheet if necessary.					
License Number	Name of Board licensee holds a membership in				
License Number	Name of Board licensee holds a membership in				
License Number	Name of Board licensee holds a membership in				
License Number	Name of Board licensee holds a membership in				
License Number	Name of Board licensee holds a membership in				
,	License Number  License Number  License Number  License Number  License Number  ans to, or deletions to my france from, my firm(s).	License Number Name of Board licensee holds a membership in  License Number Name of Board licensee holds a membership in  License Number Name of Board licensee holds a membership in  License Number Name of Board licensee holds a membership in  Name of Board licensee holds a membership in  Date  Name of your Firm  Name of your Firm  Name of your firm, please			

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