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### BOARD CERTIFICATION FORM

Please complete, sign and date this form and return it by email ([info@ricabor.realtor](mailto:info@ricabor.realtor)) or fax (888) 909-6406 or mail to the above address. The Bylaws of the Rhode Island Commercial Appraisal Board of REALTORS® require the completion of this annual Board Certification Form.

*This will certify that the following individuals represent a complete listing of all real estate licensees and appraisers 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 from, the below listing of sales/broker associates and/or appraisers during the current calendar year. \*Such notification shall be provided to the Board within thirty (30) days from the date of the individual's affiliation with, or severance from, my firm(s).*

**Principal's Signature:** \_\_\_\_\_

Name	License Number	Primary Board of Membership	Business Specialty

Total number of Licensees in firm(s): \_\_\_\_\_ REALTORS®: \_\_\_\_\_ Appraisers: \_\_\_\_\_

Certified by Designated REALTOR®/Principal (print) \_\_\_\_\_

Signature of Designated REALTOR®/Principal \_\_\_\_\_ Date: \_\_\_\_\_

Name of Firm(s) \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Firm(s) \_\_\_\_\_

Current Email address: \_\_\_\_\_

*"I give permission to the RICABOR to telephone, email, and/or fax me about REALTOR® Association activities, products, and services."*

\* List **all** licenses held.