



2019 BOARD CERTIFICATION FORM

Return by 4/10/19 to info@ricabor.realtor 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 www.ricabor.realtor 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

Principal's Printed Name

Name of your Firm

If you have an office administrator that you would like to add as an unlicensed contact for your firm, please provide their name and email address:

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 www.ricabor.realtor 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:

_____ *License Number*

_____ *First Name & Last Name*

Add the following licensees not listed:

_____ *License Number*

_____ *First Name & Last Name*

Disaffiliate the following licensee:

_____ *License Number*

_____ *First Name & Last Name*

Disaffiliate the following licensee:

_____ *License Number*

_____ *First Name & Last Name*

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:

_____ *Board they hold a membership in*

_____ *First & Last Name of Licensee*

_____ *Board they hold a membership in*

_____ *First & Last Name of Licensee*

Attach additional sheets, if necessary.

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

Principal's Printed Name

Name of your Firm

If you have an office administrator that you would like to add as an unlicensed contact for your firm, please provide their name and email address:

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OPTION C. MY OFFICE IS AFFILIATED WITH MULTIPLE BOARDS

This will certify that I have logged into the member portal on www.ricabor.realtor 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®.

_____	_____	_____
<i>First Name & Last Name</i>	<i>License Number</i>	<i>Name of Board licensee holds a membership in</i>
_____	_____	_____
<i>First Name & Last Name</i>	<i>License Number</i>	<i>Name of Board licensee holds a membership in</i>
_____	_____	_____
<i>First Name & Last Name</i>	<i>License Number</i>	<i>Name of Board licensee holds a membership in</i>
_____	_____	_____
<i>First Name & Last Name</i>	<i>License Number</i>	<i>Name of Board licensee holds a membership in</i>
_____	_____	_____
<i>First Name & Last Name</i>	<i>License Number</i>	<i>Name of Board licensee holds a membership in</i>

Attach additional sheet if necessary.

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*

Principal's Printed Name *Name of your Firm*

If you have an office administrator that you would like to add as an unlicensed contact for your firm, please provide their name and email address:

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