POCONO MOUNTAINS Association of REALTORS®

2214 West Main Street, Stroudsburg, PA
Website: www.poconorealtors.com

Phone #570-424-8846
Fax #570-424-9167

BOARD CERTIFICATION FORM
TO IDENTIFY LICENSEES AFFILIATED WITH DESIGNATED REALTORS®

Broker of Record: _____ Office Name:_____

Article VI, Section 13 of our Board Bylaws provides for the Designated REALTOR® (Broker of Record) to certify the licenses affiliated with their firm on an annual basis.

Please complete this form and return it to the Association Office **UPON RECEIPT.** Your cooperation will be appreciated.

Please list all licensed agents within your office:

Licensee Name	**License No.**	**Dues paid to:** (i.e. PMAR, PWAR, GLVR, etc. or None)

Licensee Name	License No.	Dues paid to: (i.e. PMAR, PWAR, GLVR, etc. or None)

Please list all Admin/Assistants within your office:

Name:	**Do they have Admin Flex access or Assistant access?** (Circle One)
_____	Admin / Assistant
_____	Admin / Assistant
_____	Admin / Assistant
_____	Admin / Assistant
_____	Admin / Assistant
_____	Admin / Assistant
_____	Admin / Assistant
_____	Admin / Assistant
_____	Admin / Assistant
_____	Admin / Assistant

Do you have an Office Manager or designated staff person, other than yourself, that you would like to also receive Broker news & information? **Yes** or **No**

If yes, Name: _____ Email Address: _____

Do you have an interest in or own a Limited Function Referral Office? **Yes** or **No**

If yes, LFRO Name: _____ Office License #: _____

I hereby certify that the above is a complete listing of all individuals licensed or certified with my office. I have also identified any non-member licensees in my office and noted to which Board REALTOR® dues have been remitted for the non-member licensees.

Further, I will notify the Association of any additional individuals licensed or certified with the firm(s) within seventy-two (72) hours of the date of affiliation or severance of the individual.

BROKER OF RECORD: _____ _____
(Type or Print Name) Signature

OFFICE NAME: _____ DATE: _____