



Santa Cruz County Association of REALTORS®
Annual License Certification Form

SCCAR bylaws require an annual certification form on file for all members. Please complete the form with the information requested. Member and responsible REALTOR®/Broker signatures are required. Failure to return the Annual Licensee Certification Form may result in the temporary suspension of your member services, including zipForm® and key service (if applicable). Thank you in advance for your cooperation.

PLEASE COMPLETE THE INFORMATION REQUESTED

DUE DATE: Mon., September 10, 2018

Date:

Member Name:

NRDS#:

Company Name:

Company Address:

Street, Address, City & Zip Code

Home Address:

Street, Address, City & Zip Code

Preferred Mailing Address: Home [] Office []

Preferred Contact Method Mail [] Email []

Annual dues and key billing notices will be sent to your selected preferred contact method.

Office Phone: ()

Office Fax: ()

Email:

Cell #: ()

Home Phone: ()

Home Fax: ()

DRE License Number:

License Exp. Date:

Date of Birth: (MM/DD)

Supra Key Serial #:

REALTOR® & BROKER PLEASE SIGN THE COMPLETED FORM AND RETURN TO SCCAR
2525 Main Street, Soquel, CA 95073 or fax to 831-464-2881

Member Signature

Responsible REALTOR®/Broker Signature

By signing above, I confirm that the information provided is true and correct.