



Contact Information for Limited Function Referral Agent

Agent Contact Information

First Name: _____ Last Name: _____

(As it appears on real estate license)

Brokerage Name: _____

Brokerage Address: _____

Brokerage Telephone Number: _____

Agent Home Address: _____

Agent Contact Phone Number: _____

Agent Email Address: _____

DRE real estate license number: _____

Agent Signature: _____ Date: _____

Responsible Broker/Designated REALTOR®

Broker Name: _____

DRE/Corporate license: _____

Broker Signature: _____ Date: _____

The above Broker and Agent understand and agree to the following:

1. Abide by the guidelines set forth in the LFRO Certification form
2. Submit the \$100 processing fee when submitting this form. This is a onetime fee.
3. SCCAR will forward a copy of this agreement to MLSListings, Inc. informing them of the subscriber status change which will cause the agents MLS subscription to be terminated.
4. Supra key will be inactivated (if applicable).
5. All lease Supra BTLE lockboxes must be returned to SCCAR immediately.
6. If agent is found to be practicing real estate and has not reinstated SCCAR membership, I the responsible broker agree to pay \$_____ nonmember dues for every year the agent is active under my license and the agent does not reinstate membership.

My agent(s) and I fully understand and agree to the LFRO Certification guidelines

LFRO transfers require a \$100 processing fee

Name on credit card: _____

Billing Address for card: _____

Credit Card #: _____

Expiration Date: _____ CID#: _____



2023 Limited Function Referral Office (LFRO) Certification form

To Designated REALTORS®: Please complete the following and return to the association office no later than _____. A new form must be completed each year.

In accordance with Article IX, Section 2b, of the Association bylaws, this will certify that the undersigned Designated REALTOR® (or firm) has a direct or indirect ownership interest in an entity engaged exclusively in soliciting and/or referring clients and customers to the REALTOR® for consideration on a substantially exclusive basis and are not participants or subscribers in any Multiple Listing Service (MLS).

This will certify that the licensee affiliated with that entity is solely engaged in referring clients and customers and is not engaged in listing, selling, leasing, renting, managing, counseling, appraising, or arranging financial financing for real property and is not a participant or subscriber of any MLS.

Agent Name: _____ CA DRE#: _____

The exemption for any licensee included on the certification form shall automatically be revoked upon the individual being engaged in real estate licensed activities (listing, selling, leasing, renting, managing, counseling, appraising, or arranging financing for real property) other than referrals or upon their joining an MLS, and dues for current fiscal year shall be payable.

Certified by: _____ Date: _____
Designated REALTOR® (Print or Type name)

Signature of Designated REALTOR®: _____
(or appointed designee)

Name of Brokerage: _____

Name of LFRO entity: _____

Phone: _____ Email: _____