Limited Function Referral Office (LFRO) Certification Form

Association Name: Sarasota Association of Realtors

Association Address: 3590 S. Tuttle Avenue

City: Sarasota State: Florida Zip Code: 34239

Phone: 941-923-2315

To Designated REALTORS®: Please complete the following and return it to the Association.

(Please fax to 941-923-0191 or email to Dan@SarasotaRealtors.com)

In accordance with Article X, Section 2 (a) (2) of the Bylaws of the Sarasota Association of REALTORS®, this will certify that the undersigned Designated REALTOR® (or his/her 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. This will also certify that all of the licensees affiliated with that entity (list provided below) are solely engaged in referring clients and customers and are not engaged in listing, selling, leasing, renting, managing, counseling or appraising real property.

Date _____

Designated REALTOR® (Print Name) _____

Signature of Designated REALTOR® _____

Name of Firm _____

Phone _____ Fax _____ Email _____

Agent's Name	License #

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

Membership dues shall be prorated for any licensee included on this certification form submitted to the Association who during the same calendar year applies for REALTOR® membership in the association. However, membership dues shall not be prorated if the licensee held REALTOR® membership during the preceding calendar year.

A list containing the required information may be attached to this form if more space is required.