



2400 Post Road, Warwick, RI 02886
 p: (401) 274-8386 f: (401) 732-1708 | info@ricabor.realtor | www.ricabor.realtor

RICABOR leads, supports, and inspires excellence in its members through education, advocacy and business development.

BOARD CERTIFICATION FORM

Please complete, sign and date this form and return it by email (info@ricabor.realtor), fax (401) 732-1708 or mail to the above address. The Bylaws of the Rhode Island Commercial Appraisal Board of REALTORS® require the completion of this annual Board Certification Form.

Name of Firm(s) _____

Address of Firm(s) _____

Designated REALTOR® (DR) Name: _____

Email address: _____ Phone: _____

Name	License Number	Primary Board of Membership	Business Specialty

Total number of Licensees in firm(s): _____ REALTORS®: _____ Appraisers: _____

*This will certify that the following individuals represent a complete listing of all real estate licensees and appraisers 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 from, the below listing of sales/broker associates and/or appraisers during the current calendar year. *Such notification shall be provided to the Board within thirty (30) days from the date of the individual's affiliation with, or severance from, my firm(s).*

Signature of Designated REALTOR®/Principal _____ Date: _____

"I give permission to the RICABOR to telephone, email, and/or fax me about REALTOR® Association activities, products, and services."

* List **all** licenses held.