

Designated REALTOR® Authorization Form

COAR, 2112 NE 4th Street, Bend OR 97701
Phone: 541.382.6027 Email: crystal@coar.com

All Fields Mandatory.

**TO BE COMPLETED BY THE LICENSED PRINCIPAL BROKER
(IF THE MANAGING PRINCIPAL BROKER IS NOT THE APPLICANT)**

The undersigned Managing Principal Broker of (Name of Firm) _____

hereby certifies that (real estate licensee's name) _____

is a real estate broker at the above office as of (start date) _____ per the Oregon Real Estate Agency, and such license has been verified as active online with the State of Oregon Real Estate Agency.

Name of Managing Principal Broker (if not the applicant): _____

Name(s) of Office Owner(s): _____

Managing Principal Broker's Signature: _____ Date: _____

ADDITIONAL INFORMATION:

Previous Office Name _____ Agent ID _____

Current Email Address _____ Current Phone _____

A transfer fee of \$75 is required at the time of submission. _____ Check attached _____ Bill credit card

Complete if paying by credit card:

Name on Card: _____

Card Number: _____ Exp. Date: _____

CSV Code: _____ Signature: _____

Billing Address of the Credit Card (include City and Zip): _____
