



SONOMA COUNTY
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Limited Function Referral Office (LFRO) Certification Form

In accordance with **Article IX, Section 2(b)**, of the North Bay Association of REALTORS® bylaws, 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, managing, counseling, appraising real property, or **have access to an MLS**.

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, and dues for the current fiscal year shall be payable.

REFERRAL AGENT NAME	AGENT LICENSE #	AGENT EMAIL

Name of Referral Office: _____

Address: _____

Phone: _____ Fax: _____

Designated REALTOR® for Referral Network: _____

Certified by Designated REALTOR® (or appointed designee) _____ DATE _____