

Limited Function Referral Office (LFRO) Certification Form

To Designated REALTORS® (Principal Brokers and/or Principal Appraisers): Please complete the following and return to the Greater Providence Board of REALTORS® once per year if you own or participate in a Limited Function Referral Office.

In accordance with Article X, Section 2(a)(1) of the Board's Bylaws, this will certify that the undersigned Designated REALTOR® (or his or 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 consideral substantially exclusive basis. This will also certify that all of the licensees affiliated with that er provided below) are solely engaged in referring clients and customers and are not engaged in leasing, managing, counseling or appraising real property. (Please include agent's name and license #.)	ntity (list
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Certified by (Designated REALTOR®)	_
(print or type name)	
Date:	
Signature of Designated REALTOR® (or appointed designee)	
Name of firm	
Phone	
Fax E-mail	
► IIIGII	

This form may be emailed to: nribr@nribr.realtor

or faxed to (866) 609-6746 or mailed to:

Northern Rhode Island Board of REALTORS®, 2178 Mendon Rd., Ste. 400, Cumberland, RI 02864