



NORTHERN RHODE ISLAND  
BOARD OF REALTORS®

**2019 BOARD CERTIFICATION FORM**

Return by 4/10/19 to [nribr@nribr.realtor](mailto:nribr@nribr.realtor) or fax to  
866-609-6746. Questions? Call (401) 333-6343.

**Select only 1 option & then sign.**

**Option A (no roster changes) appears on this page**

**Option B (need to add/remove agent from office) appears on page 2**

**Option C (my office is affiliated with multiple Boards) appears on page 3**

**OPTION A: NO ROSTER CHANGES**

*This will certify that I have logged into the member portal on [www.nribr.realtor](http://www.nribr.realtor) and viewed the listing of all licensees affiliated with my firm. That listing represents an accurate record of all real estate and appraisal licensees 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 to my licensee listing within ten (10) days from the date of the individual's affiliation with, or severance from, my firm(s).*

\_\_\_\_\_  
*Principal Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Principal's Printed Name*

\_\_\_\_\_  
*Name of your Firm*

*If you have an office administrator that you would like to add as an unlicensed contact for your firm, please provide their name and email address:*

\_\_\_\_\_  
*I give permission for NRIBR to telephone, email, fax, mail or text me regarding Association activities, products and services.*



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**OPTION B. NEED TO ADD/REMOVE AGENT FROM OFFICE**

*This will certify that I have logged into the member portal on [www.nribr.realtor](http://www.nribr.realtor) and viewed the listing of all licensees affiliated with my firm. That listing represents MOSTLY an accurate record of all real estate and appraisal licensees affiliated with any firm of which I am a Principal, Partner or Corporate Officer. Except please:*

Add the following licensees not listed:

\_\_\_\_\_ *First Name & Last Name*

\_\_\_\_\_ *License Number*

Add the following licensees not listed:

\_\_\_\_\_ *First Name & Last Name*

\_\_\_\_\_ *License Number*

Disaffiliate the following licensee:

\_\_\_\_\_ *First Name & Last Name*

\_\_\_\_\_ *License Number*

Disaffiliate the following licensee:

\_\_\_\_\_ *First Name & Last Name*

\_\_\_\_\_ *License Number*

*Additionally, the following licensees are associated with my firm, but I understand they are not appearing on the NRIBR member portal as they are members of another Board:*

\_\_\_\_\_ *First & Last Name of Licensee*

\_\_\_\_\_ *Board they hold a membership in*

\_\_\_\_\_ *First & Last Name of Licensee*

\_\_\_\_\_ *Board they hold a membership in*

**Attach additional sheets, if necessary.**

*I will notify the Board of any additions to, or deletions to my licensee listing within ten (10) days from the date of the individual's affiliation with, or severance from, my firm(s).*

\_\_\_\_\_  
*Principal Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Principal's Printed Name*

\_\_\_\_\_  
*Name of your Firm*

*If you have an office administrator that you would like to add as an unlicensed contact for your firm, please provide their name and email address:*

\_\_\_\_\_  
*I give permission for NRIBR to telephone, email, fax, mail or text me regarding Association activities, products and services. Our mission is to provide our members with tools and resources to support their success.*



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**OPTION C. MY OFFICE IS AFFILIATED WITH MULTIPLE BOARDS**

*This will certify that I have logged into the member portal on [www.nribr.realtor](http://www.nribr.realtor) and viewed the listing of all licensees affiliated with my firm. That listing represents MOSTLY an accurate record of all real estate and appraisal licensees affiliated with any firm of which I am a Principal, Partner or Corporate Officer. The following licensees are members of another Board, and I understand they will not appear under the member portal of the Northern Rhode Island Board of REALTORS®.*

_____	_____	_____
<i>First Name &amp; Last Name</i>	<i>License Number</i>	<i>Name of Board licensee holds a membership in</i>
_____	_____	_____
<i>First Name &amp; Last Name</i>	<i>License Number</i>	<i>Name of Board licensee holds a membership in</i>
_____	_____	_____
<i>First Name &amp; Last Name</i>	<i>License Number</i>	<i>Name of Board licensee holds a membership in</i>
_____	_____	_____
<i>First Name &amp; Last Name</i>	<i>License Number</i>	<i>Name of Board licensee holds a membership in</i>
_____	_____	_____
<i>First Name &amp; Last Name</i>	<i>License Number</i>	<i>Name of Board licensee holds a membership in</i>

**Attach additional sheet if necessary.**

*I will notify the Board of any additions to, or deletions to my licensee listing within ten (10) days from the date of the individual's affiliation with, or severance from, my firm(s).*

\_\_\_\_\_  
Principal Signature Date

\_\_\_\_\_  
Principal's Printed Name Name of your Firm

*If you have an office administrator that you would like to add as an unlicensed contact for your firm, please provide their name and email address:*

\_\_\_\_\_  
*I give permission for NRIBR to telephone, email, fax, mail or text me regarding Association activities, products and services. Our mission is to provide our members with tools and resources to support their success.*