



# Santa Cruz County Association of REALTORS® Annual License Certification Form

SCCAR bylaws require an annual certification form on file for all members. Please complete this form with the information requested. Member and responsible REALTOR®/Broker signatures are required. Failure to return the Annual Licensee Certification Form may result in the temporary suspension of your member services, including zipForm® and key service (if applicable). Thank you in advance for your cooperation.

**PLEASE COMPLETE THE INFORMATION REQUESTED**

**DUE DATE: Monday, October 16, 2017**

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

NRDS#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street address, City & Zip Code

Home Address: \_\_\_\_\_  
Street address, City & Zip Code

Mailing Address (if applicable): \_\_\_\_\_  
Street address, City & Zip Code

**Preferred Address:**  
(this address is where mail will be sent) Home  Office  Mailing

Office Phone: ( ) \_\_\_\_\_

Office Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Home Fax: ( ) \_\_\_\_\_

BRE License Number: \_\_\_\_\_

License Exp. Date: \_\_\_\_\_

Date of Birth: (MM/DD)

**How would you prefer to receive annual billing information?** (i.e. dues renewal, key & tour renewal)

Email  or Preferred Mailing Address

**REALTOR® & BROKER PLEASE SIGN THE COMPLETED FORM AND RETURN TO SCCAR**

2525 Main Street, Soquel, CA 95073 or fax to 831-464-2881

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Responsible REALTOR®/Broker Signature

*By signing above, I confirm that the information provided is true and correct.*