



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.