



FOR OFFICE USE ONLY	
Member # _____	
Office # _____	MLS Y/N
New / Transfer / Reinstated	
NRDS # _____	
Amt Paid \$ _____	Rvwd by _____
Pub list Y/N Card Y/N COE KS / NA	

**Limited Function Referral Office (LFRO)
Certification Form**

To Designated REALTORS®: Please complete the following and return to the Minneapolis Area Association of REALTORS®.

In accordance with Article X, Section 2 of the Association's Bylaws, this will certify that the undersigned Designated REALTOR® 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 proved below) are solely engaged in referring clients and customers and are not engaged in listing, selling, leasing, managing, counseling or appraising real property.

Please include agent's name and license number:

Certified by (Designated REALTOR®) _____

Date _____

Signature of Designated REALTOR® _____

Name of Firm _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____