2010 Limited Function Referral Office (LFRO) Certification Form
(If you do not have a Referral Office, please write none below and return this form.)

Association Name: New Smyrna Beach Board of REALTORS®

Association Address: 725 W. Canal Street

City: New Smyrna Beach State: FL Zip Code: 32168

Phone: 386-428-2104 Fax: 386-426-6564

To Designated REALTORS®: Please complete the following.

Due by Friday, March 19, 2010.

In accordance with Article X, Section 2 of the Bylaws of the New Smyrna Beach Board of REALTORS®, this will certify that the undersigned Designated REALTOR® (or his 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 consideration on a substantially exclusive basis. This will also certify that all of the licensees affiliated with that entity (list provided below) are solely engaged in referring clients and customers and are not engaged in listing, selling, leasing, managing, counseling or appraising real property.

Date _____

Certified by (Designated REALTOR®) _____

Signature of Designated REALTOR® _____

Name of Firm _____

Phone _____ Fax _____ Email _____

Agent's Name	**License #**