

# Designated REALTOR® Authorization Form

COAR, 2112 NE 4<sup>th</sup> Street, Bend OR 97701  
Phone: 541.382.6027 Email:membership@coar.com

**All Fields Mandatory.**

**TO BE COMPLETED BY THE LICENSED PRINCIPAL BROKER  
(IF THE MANAGING PRINCIPAL BROKER IS NOT THE APPLICANT)**

The undersigned Managing Principal Broker of (Name of Firm) \_\_\_\_\_

hereby certifies that (real estate licensee's name) \_\_\_\_\_

is a real estate broker at the above office as of (start date) \_\_\_\_\_ per the Oregon Real Estate Agency, and such license has been verified as active online with the State of Oregon Real Estate Agency.

Name of Managing Principal Broker (if not the applicant): \_\_\_\_\_

Name(s) of Office Owner(s): \_\_\_\_\_

Managing Principal Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Previous Office Name \_\_\_\_\_ Agent ID \_\_\_\_\_

Current Email Address \_\_\_\_\_ Current Phone \_\_\_\_\_

**A transfer fee of \$75 is required at the time of submission.** \_\_\_\_\_ Check attached \_\_\_\_\_ Bill credit card

Complete if paying by credit card:

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CSV Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address of the Credit Card (include City and Zip): \_\_\_\_\_

\_\_\_\_\_