Southland Regional Association of REALTORS®

Mortgage Loan Originator (MLO) Certification Form

($25 Processing Fee for each licensee)

To Designated REALTORS®: Please complete the following and return to the association office.

In accordance with Article IX, Section 2, of the association's bylaws, this will certify that the undersigned Designated REALTOR® (or his firm) has a direct or indirect ownership interest in an entity engaged in the real estate business which provides services for which a Mortgage Loan Originators license endorsement (MLO) is required. You must provide a list of the affiliated MLO licensees and certify that all of the listed licensees (1) have an MLO license or endorsement, (2) are not engaged in real estate licensed activities except those for which an MLO is required, and (3) are not participants or subscribers in any Multiple Listing Service ("MLS").

This will also certify that I have an ownership interest in the entity named below, which provides services for which an MLO license endorsement is required and that all of the licensees on the list provided below (1) have an MLO license or endorsement, (2) are not engaged in real estate licensed activities except those for which an MLO is required, and (3) are not participants or subscribers in any MLS.

(Please include the agent(s) name and license#)

_____

_____

_____

_____

_____

The dues exemption for any licensee included on the certification form shall automatically be revoked upon the individual being engaged in real estate licensed activities other than those activities for which an MLO license or endorsement is required or upon their joining an MLS, and dues for the current fiscal year shall be payable.

Certified by Designated REALTOR®: _____ Date_____
(First and Last name)

Signature of Designated REALTOR®/Authorized Signer: _____

Name of Firm: _____

Phone: _____ Fax: _____

Email Address: _____

SOUTHLAND REGIONAL
ASSOCIATION OF REALTORS®, INC.

7232 Balboa Blvd.
Lake Balboa, CA. 91406
Office Phone: (818) 786-2110
Website: www.srar.com

Credit Card Fax Form

Association Main Fax Numbers:

Accounting: (818) 779-7058 Service/Education: (818) 786-4541 Membership: (818) 786-0364
Professional Standards: (818) 779-7082 MLS: (818) 786-3640 Santa Clarita Div: (661) 299-2940

Member Name: _____ _____ Date: _____
(First) (Last)

Member Number: _____ Firm Number: _____

Email Address: _____

MEMBERSHIP

Dues: $ _____ MLS Fee: $ _____ New Member Fee: $ _____

Reaffiliation Fee: $ _____ LFRO/MLO Fee: $ _____ Reinstatement Fee: $ _____

MISCELLANEOUS PAYMENTS

Payment for: _____ Amount: $ _____

Please Charge: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
(Check One)

Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Total $: _____

Security Code: __ __ __ __ Expiration Date: __ __ / __ __

C.C. Zip Code: _____ Authorized Signature: _____