

CENTRAL HILL COUNTRY BOARD OF REALTORS®

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Designated REALTOR® Annual Licensee Certification Form

(Please complete this form	and return to the board office no later that	an February 20, 2015	5)
Name of Designated REALTOR®:	·		
Name of Firm:			
Physical Address:			
	City		Zip
Mailing Address:	City		
•	ed REALTOR® of the above name censees affiliated with my firm a		Ζιμ
Name	E-mail Address	ail Address TREC License #	
Please attach additional pages if neces	ssary.		
Signed:	Da	ate:	

If you sponsor agents who are NOT members of the CHCBR MLS, the

Designated REALTOR®