



Santa Clara County Association of REALTORS<sup>®</sup>  
Membership Department  
Email: [membership@sccaor.com](mailto:membership@sccaor.com)

RE: Authorization as Designated REALTOR<sup>®</sup>

Dear Membership:

I hereby, authorize my agent, \_\_\_\_\_ to sign as Designated REALTOR<sup>®</sup> on SCCAOR applications, change forms and to bind the firm in arbitration of disputes with any member of this Association, and with members of the California Association of REALTORS<sup>®</sup> in accordance with its rules and regulations of any clients covered by the Association rules.

Sincerely,

\_\_\_\_\_  
Broker Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
DRE #

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature