



Santa Clara County Association of REALTORS®  
Membership Department  
Fax: (408) 493-4466

RE: Authorization as Designated REALTOR®

Dear Membership:

I hereby, authorize my agent, \_\_\_\_\_ to sign as Designated REALTOR® 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® 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 }

**CALIFORNIA'S FIRST REAL ESTATE BOARD**

*SCCAOR exists to meet the business, professional and political needs of its members and to promote and protect home ownership and private property rights.*