



LIMITED FUNCTION REFERRAL ONLY (LFRO) APPLICATION

Applicant Information	First Name _____ Middle Initial _____ Last Name _____ <small>(as it appears on your license)</small>
	Nickname _____ <small>(as it appears on the Roster)</small>
	Home Address _____
	City _____ State _____ Zip Code (+ Four) _____ - _____

Firm/Office Information	Firm Name _____ <small>(as it appears with DRE)</small>
	Street Address _____
	City _____ State _____ Zip Code (+ Four) _____ - _____
	Mailing Address _____ <small>(if different from above)</small>
	City _____ State _____ Zip Code (+ Four) _____ - _____
Office Phone _____ - _____ - _____ Office Fax _____ - _____ - _____	

Applicant Contact Information	Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Office
	Office Phone _____ - _____ - _____ Extension _____
	Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
	I would like the following telephone number(s) to appear on my listings:
	Primary Phone _____ - _____ - _____ Secondary Phone _____ - _____ - _____
	Preferred Fax Number <input type="checkbox"/> Office <input type="checkbox"/> Personal
	Email Address: _____ Website: _____
Placement of agent information on agent roster:	
Cell Number <input type="checkbox"/> Yes <input type="checkbox"/> No Website <input type="checkbox"/> Yes <input type="checkbox"/> No	
Direct Number <input type="checkbox"/> Yes <input type="checkbox"/> No Email Address <input type="checkbox"/> Yes <input type="checkbox"/> No	

License Information	DRE License Number _____ DRE License Expiration ____ / ____ / ____
	BREA Appraiser License Number _____ BREA License Expiration ____ / ____ / ____
	List all other DBA's: _____

I declare under penalty of perjury that the information given in this application is true and correct.		
Executed at _____, CA		
_____	_____	____/____/____
Applicants Printed Name (Agent/Appraiser/Broker Subscriber)	Subscriber's Signature	Date
_____	_____	____/____/____
Participant's Printed Name (Designated Broker/Appraiser)	Participant's Signature	

FOR NCAR STAFF USE ONLY	
Member No: _____	Office No: _____

FOR NCAR STAFF USE ONLY	
NCAR Staff Verification: _____	Input Date: _____

Please remit completed form to:
membership@nevadacountyaoar.com
 Call (530) 272-2627 with any questions.