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TEMPORARY AUTHORIZATION DELEGATION FORM

Rev. 1/2009

Agency Use Only	
	Effective: _____
	Expires: _____
	QC <input type="checkbox"/>
Date Stamp _____	

This form can be faxed to the Licensing Division at 503-378-3256.

INSTRUCTIONS

Per OAR 863-014-0085 or OAR 863-024-0085, this form is required to be used to delegate authority to control and supervise real estate or property management activity for a specified period of time, which may not exceed 90 days. By signing this form, both licensees certify that they are jointly responsible for all professional real estate activity conducted during the authorization period. This form **MUST** be submitted prior to the authorization period.

IMPORTANT RULE CHANGES as of January 1, 2009:

- A Principal Real Estate Broker can **only** delegate authorization rights to another Principal Real Estate Broker.
- A Sole Practitioner Broker can **only** delegate authorization rights to another Sole Practitioner Broker or to a Principal Real Estate Broker.
- A Property Manager can delegate authorization rights to another Property Manager, a Principal Real Estate Broker or a Sole Practitioner Broker.

TEMPORARY DELEGATION AUTHORITY

The "authorized licensee" means a licensee who has authority over the use of a Registered Business Name (RBN).

By signing below, I certify that I have the authority to delegate control and supervision of professional real estate activity for the following Registered Business Name (RBN):

Registered Business Name (RBN)		Agency RBN ID #
Main Office Street Address	City	State & Zip Code
Name of Authorized Licensee (please print clearly)	License #	Daytime Phone Number
Original Signature of Authorized Licensee	Date	E-mail Address (please print clearly)
Absence Dates From:	To:	

AUTHORIZED LICENSEE

By completing this section and signing below, I accept the authority delegated above and understand that both the authorizing broker and myself are jointly responsible for all professional real estate activity conducted during the authorizing broker's absence:

Legal Name of Licensee (please print clearly)	License #	Daytime Phone Number
Personal Mailing Address	City	State & Zip Code
Original Signature of Authorized Licensee	Date	E-mail Address (please print clearly)