



Real Estate Agency
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 orea.info@oregon.gov

**AUTHORIZATION OF
 ASSOCIATED BROKER
 TO TEMPORARILY
 SUPERVISE
 PROFESSIONAL REAL
 ESTATE ACTIVITY OF A
 SOLE PRINCIPAL
 BROKER**

Rev 5/2020

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

Please email this form to orea.info@oregon.gov.

GENERAL INFORMATION

OAR 863-014-0090 allows a "sole principal real estate broker" (a principal real estate broker who conducts professional real estate activity not in conjunction with other principal real estate brokers) to authorize a real estate broker associated with the sole principal broker to conduct the sole principal broker's professional real estate activity, including the supervision of any real estate brokers and property managers associated with the sole principal broker. The associated real estate broker accepting supervisory authority must have acquired at least three years of active experience as a real estate broker. The authorization of the associated broker to supervise may not exceed 90 days. **READ THE COMPLETE RULE ON OUR WEBSITE FOR DETAILS.**

A sole principal broker is required to submit this form to the Real Estate Agency PRIOR to the authorized period.

The authorizing sole principal broker and the associated broker accepting the supervisory responsibility must sign this form affirming that they are jointly responsible for all professional real estate activity conducted during the authorized period. This form **MUST** be submitted prior to the authorization period.

AUTHORIZING SOLE PRINCIPAL REAL ESTATE BROKER

Legal Name of Authorizing Sole Principal Broker (please print clearly):		License Number:	Daytime Phone Number:
Registered Business Name (RBN):		Agency RBN ID #:	
Authorizing Licensee Main Office Street Address:		City, State:	Zip Code:
<i>By signing below, I affirm that I am a sole principal real estate broker. I authorize the following real estate broker, who is an associated licensee, to control and supervise my professional real estate activity, including the supervision of any real estate brokers or property managers associated with me or my registered business name, for the period specified. I affirm that I have the authority to allow the use of the registered business name and that the supervising associated real estate broker and I are jointly responsible for the professional real estate activity during the authorized dates.</i>			
Legal Name of Supervising Real Estate Broker (please print clearly):		License Number:	Daytime Phone Number:
Supervising Real Estate Broker Personal Mailing Address:		City, State:	Zip Code:
Authorization dates (not to exceed 90 days)			
FROM:		TO:	
Signature of Authorizing Sole Principal Broker		Date:	E-mail Address (please print clearly):

AUTHORIZED SUPERVISING ASSOCIATED REAL ESTATE BROKER

By signing below, I affirm that I am a real estate broker associated with the sole principal real estate broker named above and that I have acquired at least three years of active experience as a real estate broker. I affirm that I accept the responsibility of supervising the professional real estate activity of the sole principal broker, including the supervision of any real estate brokers or property managers associated with the principal broker. I affirm and acknowledge that I am bound by and subject to all the statutory and rule requirements of a principal broker and that the sole principal real estate broker and I are jointly responsible for the professional real estate activity during the dates of authorization.

Legal Name of Supervising Real Estate Broker (please print clearly):		License Number:	Daytime Phone Number:
Signature of Supervising Real Estate Broker		Date:	E-mail Address (please print clearly):