



**Real Estate Agency**  
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 Salem OR 97301  
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 Fax: (503) 378-2491  
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 orea.info@oren.gov

## AUTHORIZATION TO TEMPORARILY CONTROL/SUPERVISE PRINCIPAL BROKER OR PROPERTY MANAGER PROFESSIONAL REAL ESTATE ACTIVITY

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 863-014-0085 allows a principal broker to authorize another principal broker to control and supervise the principal broker's professional real estate activity and use the principal broker's registered business name for a period not to exceed 90 days. OAR 863-024-0085 allows a property manager to authorize another property manager or a principal broker to control and supervise the property manager's professional real estate activity and to use the property manager's registered business name for a period not to exceed 90 days. **READ THE COMPLETE RULE ON OUR WEBSITE FOR DETAILS.**

**A principal broker or property manager is required to submit this form to the Real Estate Agency PRIOR to the authorized period.**

The authorizing principal broker or property manager and the principal broker or property manager 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 LICENSEE

Legal Name of Authorizing Licensee (please print clearly):	License category: <input type="checkbox"/> Principal Broker <input type="checkbox"/> Property Manager	License Number:	Daytime Phone Number:
Registered Business Name (RBN):			Agency RBN ID #:
Authorizing Licensee Main Office Street Address:		City, State:	Zip Code:
<b><i>By signing below, I authorize the following licensee to control and supervise all my professional real estate activity for the period specified and authorize the licensee to use the registered business name listed above. I affirm and acknowledge that I have the authority to allow the use of the registered business name and that the supervising licensee and I are jointly responsible for the professional real estate activity during dates of the authorization.</i></b>			
Legal Name of Supervising Licensee (please print clearly):	License category: <input type="checkbox"/> Principal Broker <input type="checkbox"/> Property Manager	License Number:	Daytime Phone Number:
Supervising Licensee Personal Mailing Address:		City, State:	Zip Code:
<b>Authorization dates (not to exceed 90 days)</b>			
<b>FROM:</b>		<b>TO:</b>	
Signature of Authorizing Licensee	Date:	E-mail Address (please print clearly):	

### AUTHORIZED SUPERVISING LICENSEE

***By signing below, I affirm that I accept the supervising responsibility to control and supervise the professional real estate activity of the above named licensee conducted under the above registered business name. I affirm and acknowledge that the authorizing licensee and I are jointly responsible for the professional real estate activity during the dates of authorization.***

Legal Name of Supervising Licensee (please print clearly):	License category: <input type="checkbox"/> Principal Broker <input type="checkbox"/> Property Manager	License Number:	Daytime Phone Number:
Signature of Supervising Licensee		Date:	E-mail Address (please print clearly):