



# VENDOR WRITTEN AUTHORIZATION FORM

5/2016

Real Estate Agency  
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## INSTRUCTIONS

Before a certified continuing education provider or private career school offers a course developed by a third party vendor or developer, the vendor or developer must complete this form.

The continuing education provider or private career school must submit this form with the completed Course Approval, Renewal and Change form for all courses if applicable. (Broker Pre-license courses, Property Manager Pre-license course, Brokerage Administration Sales and Supervision course, Broker Advanced Practices course, and the Property Manager Advanced Practices course.)

## PROVIDER INFORMATION

(Provider numbers only need to be submitted for applicants who are certified continuing education providers)

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

## COURSE (choose one only)

- |   |  |   |
|---|--|---|
| <input type="radio"/> Real Estate Law (Broker Pre-License)                  | <input type="radio"/> Real Estate Finance (Broker Pre-License) | <input type="radio"/> Oregon Real Estate Practices (Broker Pre-License) |
| <input type="radio"/> Contracts (Broker Pre-License)                        | <input type="radio"/> Agency Law (Broker Pre-License)          | <input type="radio"/> Property Management (Broker Pre-License)          |
| <input type="radio"/> Real Estate Brokerage (Broker Pre-License)            | <input type="radio"/> Property Manager Pre-License             | <input type="radio"/> Property Manager Advanced Practices (PMAP)        |
| <input type="radio"/> Brokerage Administration and Sales Supervision (BASS) | <input type="radio"/> Broker Advanced Practices (BAP)          |   |

## VENDOR INFORMATION

Name of Vendor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Website Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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## VENDOR WRITTEN AUTHORIZATION FORM (continued)

### DATES THAT PROVIDER IS AUTHORIZED TO USE COURSE

Please enter the dates or date range that the continuing education provider or private career school is authorized to use the course.

### SIGNATURE OF CONTACT PERSON FOR VENDOR

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Individual