DEADLINE: MUST BE RECEIVED AT THE BOARD OFFICE BEFORE 5:00 P.M. DECEMBER 1, 2009
FAX AND E-MAIL TRANSMISSIONS WILL NOT BE ACCEPTED

DABR OFFICE USE ONLY

Date _____

Paid _____

Entered _____

Dayton Area Board of REALTORS® Rookie of the Year Award

2009 Official Application

For transactions between October 1, 2008 through September 30, 2009

All information MUST be properly completed regardless of method used and WILL BE disqualified if incomplete, improperly filled out, illegible, or contains false information.

NAME (as it appears on license)_____ MEMBER NUMBER _____

NAME (as you would like it on award)_____ _____ DAYTIME PHONE _____

HOME PHONE:_____ E-MAIL ADDRESS:_____ MEMBERSHIP JOIN DATE: _____ LICENSE ISSUE DATE: _____

INITIAL LICENSE ISSUE DATE MUST BE BETWEEN OCTOBER 1, 2007 AND SEPTEMBER 30, 2008.

Please place in chronological order

Photocopy reproductions of this application will be accepted.

DATE CLOSED	ADDRESS OF PROPERTY	NAME OF LISTING AGENT AND CO-OP FIRM	NAME OF SELLING/LEASING AGENT AND CO-OP FIRM	SALE/LEASE PRICE	$ AMOUNT CLAIMED

Mail completed form with photo and adding machine tape (if applicable) to: DABR, P.O. Box 111 Dayton, OH 45401

PAGE TOTAL $0.00

AWARD TOTAL $0.00

CERTIFICATION OF SALES/LEASING: October 1, 2008 through September 30, 2009
We hereby certify that the above facts are correct and that the above named salesperson has closed "$ Amount Claimed" as indicated.

FIRM_____ APPLICANT _____

FIRM ADDRESS_____ BROKER/OFFICE MANAGER _____

APPLICANT AND BROKER/OFFICE MANAGER SIGNATURES REQUIRED.

NAME: _____ MEMBER NUMBER: _____

Please place in chronological order

Photocopy reproductions of this application will be accepted.

DATE CLOSED	ADDRESS OF PROPERTY	NAME OF LISTING AGENT AND CO-OP FIRM	NAME OF SELLING/LEASING AGENT AND CO-OP FIRM	SALE/LEASE PRICE	$ AMOUNT CLAIMED
				ACCUMULATED TOTAL	$0.00

CERTIFICATION OF SALES/LEASING: October 1, 2008 through September 30, 2009.

We hereby certify that the above facts are correct and that the above named salesperson has closed "$ Amount Claimed" as indicated.

FIRM_____ APPLICANT _____

(Signature)

FIRM ADDRESS_____ BROKER/OFFICE MANAGER _____

(Signature)

APPLICANT SIGNATURE REQUIRED. Broker/Manager signature required if applicant licensed with more than one broker during award period.