

# Certification of Licensees

Return completed form to GGAR by July 15, 2010.

I certify that the following individuals are licensed with my firm and their licenses are current.

\_\_\_\_\_  
Office Name

\_\_\_\_\_  
City

\_\_\_\_\_  
Broker Signature

\_\_\_\_\_  
Date:

Please list each agent & their license number below. List each Secretary/Admin by name & use 'Secretary' for the License #. Return via fax: 618-692-8307 or email: [general@gatewayrealtors.com](mailto:general@gatewayrealtors.com).

1

\_\_\_\_\_  
Broker of Record

License # \_\_\_\_\_

2

\_\_\_\_\_

License # \_\_\_\_\_

3

\_\_\_\_\_

License # \_\_\_\_\_

4

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License # \_\_\_\_\_

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License # \_\_\_\_\_

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License # \_\_\_\_\_

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License # \_\_\_\_\_

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License # \_\_\_\_\_

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14	_____	License #	_____
15	_____	License #	_____
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32	_____	License #	_____

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33	_____	License #	_____
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51	_____	License #	_____

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52	_____	License #	_____
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71	_____	License #	_____
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83	_____	License #	_____
84	_____	License #	_____
85	_____	License #	_____

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