## **COASTAL ASSOCIATION OF REALTORS®**

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## **Coastal Area Local Specialist (CALS) Certification Application**

Applicant's Name:	Date:
Brokerage:	
Email:	
Primary Association:	
NRDS#: License#:	
Date of Required Course(s) Completion:	
Have you been a REALTOR for at least two (2) years?	_YESNO
—- OR —-	
Do you have your GRI designation?YESNO	
Non CAR Members, please attach a Letter of Good Standing fr Association.	om Primary Realtor
Applicant Signature:	Date:
, (broker), certify that the ab	ove named REALTOR
member has participated in the closing of ten (10) transactions	in either Wicomico,
Worcester and/or Somerset Counties.	
Broker Signature:	Date:



