

**CERTIFICATION*****(Assignment of Supervisory Responsibility)***

RE 210 (Rev. 3/98)

P.O. Box 187004  
Sacramento, CA 95818-7004  
Telephone: (916) 227-0931**GENERAL INFORMATION**

- Complete and submit this form with a copy of the corporate resolution assigning supervisory responsibility over real estate salespersons.
- Submit a separate certification for each broker-officer (other than the designated broker for the corporation) who is assigned supervisory responsibility over salespersons.
- If compatible with corporate policies and operational procedures, DRE recommends that the assignment of supervisory responsibility to licensed broker-officers, other than the designated broker, be made according to business addresses of the corporation rather than by the listing of the actual names of salespersons subject to the broker's supervision. If the assignment is made by listing the names of salespersons, a new resolution and a new certification will be required each time that a salesperson comes under, or is removed from the supervision of the assigned broker-officer.
- If you electronically re-create this form to facilitate completion on a computer, please be advised that the form should not be altered in any manner. To do so, could result in disciplinary action. Also, please make certain you do not delete any preprinted information and are using the latest version of the form.

**ASSIGNMENT OF SUPERVISORY RESPONSIBILITY**

DATE RESOLUTION ADOPTED		CORPORATION LICENSE IDENTIFICATION NUMBER	
CORPORATION NAME			
NAME OF SUPERVISING BROKER-OFFICER			
MAIN OFFICE ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE)			
THE ABOVE BROKER-OFFICER WILL BE RESPONSIBLE FOR THE LICENSED ACTIVITY SUPERVISION OF: (CHECK ONE)			
<input type="checkbox"/> THE SALESPERSONS AT THE BUSINESS ADDRESS(ES) LISTED IN ITEM #1			
<input type="checkbox"/> THE SALESPERSONS LISTED (BY NAME) IN ITEM #2			
1. BUSINESS ADDRESS (STREET ADDRESS OR DESCRIPTION)		2. SALESPERSON NAME	
(CITY, STATE AND ZIP CODE)		ID NUMBER	
BUSINESS ADDRESS (STREET ADDRESS OR DESCRIPTION)		SALESPERSON NAME	
(CITY, STATE AND ZIP CODE)		ID NUMBER	
BUSINESS ADDRESS (STREET ADDRESS OR DESCRIPTION)		SALESPERSON NAME	
(CITY, STATE AND ZIP CODE)		ID NUMBER	

**CERTIFICATION**

*In accordance with Section 10159.2 of the Business and Professions Code, I hereby certify that the document attached hereto is a true and correct copy of a resolution duly adopted by the Board of Directors, assigning supervisory responsibility over certain real estate salespersons licensed to the corporation.*

SIGNATURE OF LICENSED DESIGNATED OFFICER

DATE

