



AIR Commercial Real Estate Association

APPLICATION FOR DESIGNATION AS AN ACCREDITED FIRM

- Industrial
 Commercial

Name of Firm:		Date of Application																									
Address of Firm:		Website:																									
City:		Business Phone:																									
State:	Zip:	Fax Number:																									
Applicant's Email Address:																											
<p>Experience:</p> <p>Are you actively engaged in Industrial or Commercial Real Estate Brokerage with owners and principals who have no direct or indirect financial interest in the Accredited Firm (defined as "Third Party Brokerage")?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																											
<p>Officers, Partners or Owner</p> <p>1. Name: _____ 3. Name: _____</p> <p>Position: _____ Position: _____</p> <p>2. Name: _____ 4. Name: _____</p> <p>Position: _____ Position: _____</p>																											
<p>Name of each individual (other than Owner, Partners and Officers listed above) in your industrial or commercial brokerage department ("Associates") indicating whether he/she is an AIR member. Attach additional sheets if necessary.</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Member?</th> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Member?</th> </tr> </thead> <tbody> <tr> <td>1. Name: _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>6. Name: _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>2. Name: _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>7. Name: _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>3. Name: _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>8. Name: _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>4. Name: _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>9. Name: _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>5. Name: _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>10. Name: _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>					Member?		Member?	1. Name: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Name: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Name: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Name: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Name: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Name: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Name: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Name: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Name: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	10. Name: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Has your organization any of its officers, principals or their predecessors been associated with any firm whose formation was the result of the reorganization or restructuring of the personnel and/or assets of a firm formerly holding Accredited Firm status where monies and/or assessments due the Association or Xceligent, remained unpaid?

Yes No

If yes, please provide details:

Do you have branch office or offices?

*Yes No

If yes, list below the addresses and names of persons in charge. (Use additional sheets if necessary.)

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

*If yes, each branch office of a multi-office firm (in which all branch offices are not Accredited Firms) shall submit, with its application for Accredited Firms status, a map delineating the area that the branch office applying for accreditation normally serves. It shall be the responsibility of each Accredited Firm in this category to have on file at all times in the office of the AIR a map reflecting its current territorial boundaries.

Do you agree to be bound by the Bylaws and Rules and Regulations for Accredited Firms?

Yes

No

Applicant's Statement:

(Please read carefully and sign where indicated)

1. The information contained herein shall be used solely for the purpose of determining the applicant's eligibility.
2. The applicant agrees, if given the designation, to conduct his/her business in accordance with the requirements and regulations established for Accredited Firms by the Association.
3. The applicant agrees, if given the designation, to require each Associate to sign the attached individual membership application.
4. The applicant agrees, if given the designation, to sign the attached Xceligent Subscriber Agreement governing applicant's use of the CDX Service, and list each Associate as a user.
5. The applicant agrees that the Association may withdraw or suspend designation for any infraction of its regulations and Bylaws and may cause notice of its action to be made public in the applicant's locality.
6. The designation shall apply for an indefinite period of time subject to re-accrediting at intervals to be determined by the Association.
7. The applicant shall not hold itself out to anyone as being an Accredited Firm at any time before it is actually accredited or after the expiration or revocation of the accrediting designation.
8. The applicant waives all claim against the Association or any member or agent for any act in connection with the business of the Association and particularly as to its or their acts in accrediting, failing to accredit or revoking such accrediting designation, or publishing the suspension or termination of Accredited Firm status as provided in Section 8.4 (b) of the AIR Rules of Professional Conduct.
9. A non-refundable application fee of \$50.00 is enclosed with this application with the understanding that it is non-refundable.
10. Applicant agrees to defend and indemnify AIR and/or Xceligent, Inc., and their officers, employees, members or agents against any claim, action or proceeding based, in whole or in part, upon the alleged inaccurate or incomplete information of any kind in the CDX Application as to a property for which the applicant provided information, verbally or in writing, to AIR or Xceligent, Inc.

The undersigned affirms that he/she is a principal in the organization applying for the designation "Accredited Firm;" that he/she has full knowledge of the organization's policies, methods of doing business and of its personnel; and that the representations made herein are true and substantially correct.

Signature: _____

Dated this _____ day of _____, (year) _____