

CERTIFIED WATERFRONT SPECIALIST APPLICATION



YOUR INFORMATION

Name: _____
NRDS#: _____ License # _____
Company Name: _____
Company Address: _____
City: _____ State: _____ Zip: _____
Preferred Phone: _____ Email: _____

REQUIREMENTS

Certified Waterfront Specialist Course Date: _____
Test Date and Score: _____

QUALIFIERS

Waterfront Transactions – Include any transactions in the past 24 months that meet the criteria where the area of water, which is immediately capable of use from the land, together with the area of land adjacent to the water, which is necessary to allow use of the above area of water.

TRANSACTION #1

Approximate Transaction Date: _____
Type of Transaction: SALE LEASE OTHER: _____
What aspect of this transaction was considered Waterfront? _____

TRANSACTION #2

Approximate Transaction Date: _____
Type of Transaction: SALE LEASE OTHER: _____
What aspect of this transaction was considered Waterfront? _____

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APPLICATION FEE

\$20 One-Time Application Fee:

PAYMENT METHOD

Check #: _____ (Made payable to REALTOR® Association of Sarasota and Manatee)

Credit Card #: _____ Exp. _____ CVV _____

AFFIDAVIT

I declare under penalty of perjury that the following statements are true and correct:

- All information provided by me herein is accurate as of the date indicated below.
- I will supply the Realtor® Association of Sarasota and Manatee (RASM) with any changes to the information provided by me herein as such changes occur or as reasonably soon thereafter as possible.
- I expressly consent to the use by RASM of any information, which is provided by me on page 1, on or in relation to any products, programs or services prepared or sponsored by RASM including but not limited to print or electronic directories, and I agree that such use by RASM shall not constitute a violation of any privacy right established by local, state, federal or international law.
- I understand that I cannot use the CWS Certification initials or logo until I have completed the Certification requirements and have been notified in writing that it has been officially awarded to me.
- I am and shall remain as a CWS, a member of a local REALTOR® board/association.
- I will abide by the Code of Ethics of NAR.
- I understand that the misuse of the CWS Certification, violation of the Bylaws or Code of Ethics referenced above, or the commission of criminal or other unlawful activity, may result in the termination of my status as a Certified Waterfront Specialist.

Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

SUBMIT

Save this document as a PDF and select one to the following options:

Email: Education@myrasm.com Mail: RASM 2320 Cattlemen Rd., Sarasota, FL 34232

For more info visit myrasm.com/cws.



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