



# Distinguished Property Managers Longevity Award

## 2020 Circle of Excellence<sup>SM</sup> Application

**REALTOR®:** \_\_\_\_\_  
(Name as it should appear on award and in publications. Include all REALTOR® designations.)

**LICENSE NUMBER:** \_\_\_\_\_

**FIRM:** \_\_\_\_\_

**LONGEVITY AWARDS:** REALTORS® who have been awarded the Distinguished Property Managers (DPM) award for 10, 15, 20, 25, 30, 35 or 40 consecutive or nonconsecutive years within Virginia, are members of the Hampton Roads REALTORS® Association in good standing and meet all requirements for receiving the award for the year 2020. (Awards may be received only once in a lifetime.)

**APPLICATION FEE:** \$100.00 (Payment must be received with application by **Monday, February 1, 2021.**)

**CHECK THE BOX TO ATTEST TO QUALIFICATIONS:**

- 10 Year Award: For 10 consecutive or nonconsecutive years
- 15 Year Award: For 15 consecutive or nonconsecutive years
- 20 Year Award: For 20 consecutive or nonconsecutive years
- 25 Year Award: For 25 consecutive or nonconsecutive years
- 30 Year Award: For 30 consecutive or nonconsecutive years
- 35 Year Award: For 35 consecutive or nonconsecutive years
- 40 Year Award: For 40 consecutive or nonconsecutive years

**BROKER'S STATEMENT**

I attest that to the best of my knowledge that this applicant is eligible to receive the Distinguished Property Managers Award for 2020, has met all criteria, has been a member in good standing for the awards period of January 1 - December 31, 2020.

Principal/Managing Broker's Signature: \_\_\_\_\_

**RECIPIENT'S DISCLAIMER**

I, the undersigned REALTOR® having applied for the Hampton Roads REALTORS® Association Distinguished Property Managers Award, hereby authorize the processing of information contained in my application to be used by the Association for qualification in the Awards Program. I understand that this information will not be used singularly, but only in the aggregate, and then only by the DPM Audit Committee to determine which Award, if any, I am qualified for and shall receive. I attest that all information provided in this application is complete and accurate, and that I am qualified in every respect to receive the Award indicated above. Documentation will be provided upon request.

Recipient's Signature: \_\_\_\_\_

Cell Phone

Office Number

Email Address

