



Capital Relocation Services – Residential Broker Supplier Network

We are pleased to inform you that Capital Relocation Services is now at a point of developing its formal Broker Supplier Network. Because you have worked with us in the past, we are asking you to complete the attached Application Form as well as supply us with some additional information.

With each completed application, we will need the following:

- Copy of the Master Broker's License for each state that you service
- Copy of Certificate of Insurance verifying E & O Insurance
- Listing of all contact information for the Relocation Department
- Listing of areas serviced formatted by county, city/town, and zip code

Upon receipt of each Application, we will review each document and update our Supplier Information and coverage area within Capital Views, our database. The benefit will be that once the coverage areas have been updated, we will be able to search easily for a "preferred" broker.

We are moving to a "preferred" broker concept by area and location based upon:

- past performance that includes completeness and timeliness of required Capital reporting,
- effective marketing strategy development for both transferee and inventory homes,
- effective property management needs, and
- effective knowledge of the market area for homefinding assistance.

Over the course of the next several weeks and months, you will be receiving communications from Capital Relocation Services about relocation needs and supplier conditions.

At this time, membership within the Supplier Network is free and with no financial obligation. We encourage you to complete the application form and requested documents so we can move ahead with processing and confirming your Supplier information. Please email your application package to my email: jwashington@caprelo.com.

Should you have any questions, please feel free to contact me.

Thanks,



Laurie Ashton
Supplier Network Coordinator

Phone: 571.353.7329
Fax: 703.738.7807
22810 Quicksilver Drive
Sterling, VA 20166-2007



REAL ESTATE SUPPLIER INFORMATION

BROKERAGE INFORMATION

| | | |
|---|-----------|---|
| Brokerage Name: | | |
| Physical address: | Tax ID #: | Phone: |
| Mailing address: | | Toll Free #: |
| City: | State: | Fax: |
| Zip Code: | Website: | MLS Service Location(s): |
| % of market share in coverage area: How determined (source): MLS | | |
| # of offices: | | # of agents: |
| Broker Name: | | |
| Phone: | E-mail: | Fax: See above |
| City: | ZIP Code: | Zip Code coverage (attach separate sheet if necessary): |
| Relocation/Referral Mgr Name: | | |
| Coverage Area by County, City, and Zip Code: | | |

We list and sell Real Estate. We can, in some areas, provide property management services

Services provided and details/pricing of services: (check all that apply-attach further details if necessary):

Area Tour Rental Assistance ERC BPO Settling In Services Other See above in bold

LICENSE AND INSURANCE INFORMATION

| | | |
|------------------------|--------------------------|---------------------|
| License #: | | |
| E & O Insurance Dates: | License Expiration Date: | State of Licensing: |
| Other States: None | | |

AFFILIATIONS, MEMBERSHIPS, DESIGNATIONS, REGISTRATIONS (CHECK ALL THAT APPLY)

WERC Membership NAR State and Local Association **We are all members of NAR, NCAR and the local board, and I am a member of the Western North Carolina Regional MLS and AKA North Carolina Mountains MLS**

Designations held by Brokers, Managers, Relocation Directors and Agents:
CRP SCRP GMS SGMS CPM CRB ABR ABRM GRI e-PRO PMN CRS ALC CIPS **I am a GRI and a few of our agents are ABR, e-Certified, and other designations**

ACKNOWLEDGEMENT OF PERFORMANCE METRICS SIGNATURES

Status is determined by: Transferee Evaluation, CapRelo staff evaluation, and performance metrics such as timeliness, accuracy, responsiveness. **Please attach any relevant supplemental information and email to suppliers@caprelo.com.**

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| Signature: | Date: |
|------------|-------|

Diversity Acknowledgement (See Attached)



SUPPLIER BUSINESS CONCERN CLASSIFICATION

| | | | |
|-----------------|--------|--------|------|
| Company Name: | | | |
| Address: | City: | State: | Zip: |
| Contact Person: | Email: | | |
| Phone: | Fax: | | |

CERTIFICATION

Please check all business classification applicable to your company, the Supplier:

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|---|--|---|
| <input type="checkbox"/> Large business concern – a business that exceeds the small business size code standards established by the U.S. Small Business administration as set forth in code of Federal Regulation 13 CFR Part 121. | | |
| <input type="checkbox"/> Small Business Concern – a business, qualified as a small business under the criteria in 13 CFR Part 121 | | |
| <input type="checkbox"/> Small Disadvantaged Business Concern – a small business is at least 51 percent owned by one or more individuals who are both socially and economically disadvantaged and control the management and daily business operations. (As of October 1, 2008 the Small Business Association no longer requires formal certification.) Please check the group your business qualifies for below: | | |
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Asian Pacific American |
| <input type="checkbox"/> Subcontinent Asian American | <input type="checkbox"/> Native American (American Indian, Eskimo and Aleut) | |
| <input type="checkbox"/> Other, Please Specify: | | |
| <input type="checkbox"/> Women-Owned Business Zone Concern – a small business owned, controlled and managed by one or more women as defined I FAR 52.219-8 and 48 CFR 2.101. | | |
| <input type="checkbox"/> Historically Underutilized Business Zone Concern – a small business that appears on the list of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration pursuant to 13 CFR Part 126. | | |

Supplier must forward a copy of its HUBZone Certification from the SBA along with this form; if you have not received certification from the SBA, please consult the SBA’s website for the certification process and forward a copy upon completion.

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| <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business Concern – a small business that is owned, controlled and managed by one or more service-disabled veterans (as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16)) (or, in the case of a service-disabled veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran) as defined in FAR 52.219-8 and 48 CFR 2.101. |
| <input type="checkbox"/> Veteran-Owned Small Business Concern – a small business that is at least 51 percent by one or more veterans (as defined at 38 U.S.C. 101(2)) who control its management and daily business operations as defined in FAR 52.219-8 and 48 CFR 2.101. |
| <input type="checkbox"/> Other , Please Specify: |

Under 15 U.S.C. 645(d), any person who misrepresents a firm’s status as a “small business” in order to obtain a contract to awarded under the preference programs established pursuant section 8(a), 8(d), 9, or 15 of the Small Business Act, or any other provision of the Federal law that specifically references section 8(d) for a definition of program eligibility, shall be punished by imposition of fine, imprisonment, or both; subject to administrative remedies, including suspension and debarment; and, ineligible for participation in programs conducted under the authority of the Act.

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| <input type="checkbox"/> <i>Labor Surplus Area</i> – Company is located in a geographical area identified by the Department of Labor in accordance with 20 CFR Part 654, Subpart A, as an area of concentrated unemployment or underemployment, or an area of labor surplus. See FAR 19.001. |
| <input type="checkbox"/> <i>Non-Labor Surplus Area</i> – Company is located in a Labor Surplus Area. |

Signature of Certifying Official:

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|---------------|-------|
| Printed Name: | Date: |
|---------------|-------|

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| <p>Please return completed forms to: <i>If submitting via email, please scan a signed copy of the form into PDF file or other image file, or complete in Adobe Acrobat and sign using digital signature tool.</i></p> | <p>Capital Relocation Services, LLC 22810 Quicksilver Drive Sterling, VA 20166-2017 Fax: (703) 738-7807</p> |
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