



Transaction #: _____ of _____

This form is used as part of the CABB Application for CBB certification or renewal. Please complete 1 form for each transaction and number it above, attach only the required documentation, and return with your application packet. Note transaction close date must be within the previous 4-year period.

Applicant Name:		Brokerage Firm Name:	
For this transaction, Applicant acted as:			
<input type="checkbox"/> Agent representing: <input type="checkbox"/> Buyer <input type="checkbox"/> Seller <input type="checkbox"/> Both (1 credit per transaction) OR <input type="checkbox"/> Managing Broker, overseeing Agent (Agent's Name _____) (½ credit per transaction)			
Business Sold Name:			
Business Sold Address (must be California-based):			
Buyer Name:		Closing Date:	
Total Selling Price:		Total Fee Paid to Brokerage:	

Applicant must provide the following for each transaction:

- Escrow FINAL Closing Statement.** It must include the following information:
 - consideration amount,
 - fee paid to brokerage,
 - brokerage name
 - and transaction close date.
- [Transaction Verification Form](#) signed by escrow officer or Attorney.
or
- If the Final Closing Statement does not include all the required information above or you cannot provide a Transaction Verification Form, then the applicant must provide all the following items:
 - Executed APA
 - Bill of Sale
 - Confirmation and date of funds/amount transferred to Brokerage
 - Rep Agreement

To protect the privacy of your client, please do not send any other unnecessary documentation or sensitive information.

I attest to the above and attached information to be factual and true.

Applicant Signature:		Date:	
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Please return this form with the following attached via email to cabb@cabb.org:

Escrow FINAL Closing Statement *or* Executed APA
and Bill of Sale
Signed Transaction Verification Form Confirmation of Funds Transfer to Brokerage (Confirm the Fee Amount)
Rep Agreement

FOR CABB OFFICE USE

Approved By:		Date:	
New CBB Expiration Date:			