Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8526
www.dpor.virginia.gov



Real Estate Board BRANCH AFFILIATION APPLICATION Fee \$60.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select one of the following:

X	Action	
	Add Affiliation	
	Change Affiliation	

•	You must hold a <u>non-expired</u> Virgini <b>RENEW</b> or <b>REINSTATE</b> your licens activate or transfer a license.		• • •	•	•	
1.	Enter your current Virginia Real Estate License Number and expiration date below.  Virginia License Number					
2.	Legal Name	First	Middle		Generation	
3.	* State law requires every applicant for	r	authorization to engage in a busi	rith the Department.	or occupation	
4.	Applicant's Mailing Address (PO Box accepted)					
5. Applicant's Street Address  RESIDENTIAL (PHYSICAL)  ADDRESS REQUIRED  (PO Box not accepted)		City  Check here if Street Address is the	same as the Mailing Address liste	·	p Code	
6.	Applicant's Contact Numbers	City	Alternate Telephone		p Code	
7.	Applicant's E-mail Address	Primary Telephone	Alternate Telephone	Fax	:	

	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICENSE #	ISSUE DATE
OFFICE USE ONLY			5020		0225	

Firm/Sole Proprietorship information with whom the branch is affiliated: A. Firm/Sole Proprietorship Name B. Trade, "Doing Business As" (DBA) or Fictitious Name C. Firm/Sole Proprietor Virginia Real Estate License Number DO NOT INCLUDE DASHES (1234567890) D. Firm/Sole Proprietor Mailing Address City State Zip Code Check here if Street Address is the <u>same</u> as the Mailing Address listed above. E. Firm/Sole Proprietor Street Address **PHYSICAL** ADDRESS REQUIRED (PO Box not accepted) City Zip Code State F. Firm/Sole Proprietor Contact Numbers Primary Telephone Alternate Telephone Fax G. Firm/Sole Proprietor E-mail Address H. Firm/Sole Proprietor Principal Broker's Name Last First Middle Generation I. Principal Broker's Virginia Real Estate License Number 0 5 DO NOT INCLUDE DASHES (1234567890) Branch office information with whom the applicant will be affiliated 2 6 A. Branch OfficeVirginia Real Estate License Number DO NOT INCLUDE DASHES (1234567890) B. Branch Office Mailing Address City State Zip Code Check here if Street Address is the <u>same</u> as the Mailing Address listed above. C. Branch Office Street Address **PHYSICAL** ADDRESS REQUIRED (PO Box not accepted) City State Zip Code D. Branch Office Contact Numbers Primary Telephone Alternate Telephone E. Branch Office Supervising Broker's Name Last First Middle Generation F. Branch Supervising Broker's Virginia Real Estate License Number DO NOT INCLUDE DASHES (1234567890)

You must have an active license with the firm with whom the branch is affiliated.

- 10. By signing this application, I certify the following statements:
  - The foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. Furthermore, I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
  - I authorize the Department of Professional and Occupational Regulation (Department) to verify information concerning me or any statement in this application from any person, or any source the Department may contact. I also agree to present any credentials or documents required and requested by the Department.
  - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 21 of the Code of Virginia and the Virginia Real Estate Regulations.
  - I have a good reputation for honesty, truthfulness, and fair dealing, and am competent to transact the business of real estate broker or real estate salesperson in such a manner as to safeguard the interests of the public.

	Applicant's Signature	Date			
11.	• •	er the supervising or principal broker of the branch who will be			
	I,  Print Name of Supervising or Principal Broker	authorizeApplicant's Name			
	to apply to affiliate his/her license with the branch listed on this application. I affirm I verified the applicant's license has not expired, I have reviewed the application and the application is complete. It is my opinion that said licensee is honest, truthful and of good reputation and that he/she is competent to transact the business of a real estate broker in such a manner as to safeguard the interest of the public. I certify that I will actively supervise and train the licensee during the period the licensee is under my supervision and I hereby assume responsibility effective as of the date indicated below for the above-named licensee pursuant to Title 54.1, Chapter 21, of the <i>Code of Virginia</i> and the <i>Real Estate Board Regulations</i> .				
	Supervising or Principal Broker Signature	Date			
	Supervising Broker	al Estate License Number  0 2 2 5 DO NOT INCLUDE DASHES (1234567890)			
		e this application <b>prior to</b> the Supervising/Principal Broker/Sole ng and dating this application.			

Applications cannot be processed and licenses affiliated if signatures are not placed on the application in the proper order.