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 IN-STATE EXPERIENCE VERIFICATION FORM Experience Obtained in Virginia

- This form must be completed by a <u>principal broker</u> or <u>supervising broker</u> who can attest to the applicant's real estate sales experience during the required time-period.
- A separate form is required from each principal or supervising broker attesting to the applicant's real estate sales experience during the time-period the licensee worked for the firm listed in Question #3.
- Applicants **cannot** verify their own experience.

## **Broker Applicants**

18VAC135-20-40.2 and 18VAC135-20-60.7 of the *Real Estate Board Regulations* require applicants for real estate broker licenses to be actively engaged as a real estate salesperson for 36 of the 48 months immediately preceding their application for licensure.

| active | ly engaged as a real estate salesperson for 36 of  | t the 48 months immediately p           | preceding their application for           | licensure.                         |
|--------|--|---|---|------------------------------------|
| 1.     | Applicant's Name   | First                                   | Middle                                    | Generation                         |
| 2.     | Provide at least <u>one</u> of the following identifulation:  Social Security Number and/or  Virginia Department of Motor Vehice   |   |   |                                    |
|        | <ul> <li>Enter the same identification number as use</li> <li>State law requires every applicant for a license, issued by the Commonwealth to provide a social</li> </ul>  | certificate, registration or other auth | horization to engage in a business,       | trade, profession or occupation    |
| 3.     | Firm Name (where experience obtained)  |   |   |                                    |
| 4.     | Firm Virginia Real Estate License Number   | 0 2 2 6 DO NOT INCLUDE DA               | SHES (1234567890)                         |                                    |
| 5.     | Firm Contact Numbers   | Primary Telephone                       | Alternate Telephone                       | Fax                                |
| 6.     | Firm Principal Broker or Supervising Broke   | er's Name                               |   |                                    |
| 7.     | Broker's Statement (must be completed applicant's real estate activities)  | First by either the principal or        | Middle supervising broker who w           | Generation was responsible for the |
|        | I,  Print Name of Principal or Supervising   | Broker the firm's                       | S Principal Broker [ Supervising Broker [ |                                    |
|        | certify that the above-named applicant has/had been employed by, or associated with the real estate firm listed above; and has been actively engaged (active licensure with the licensed real estate firm or sole proprietorship in performing those activities defined in § 54.1-2100 through § 54.1-2101 of the <i>Code of Virginia</i> ) for an average of at least 40 hours per week. I also certify that I have direct knowledge of the applicant's activities. |   |   |                                    |
|        | (Number of Months) months from (MM/D   | to (MM/DD/YYYY                          | (Complete for each a                      | active period)                     |
|        | Principal or Supervising Broker's Signature  | )                                       | Da  | ite                                |
|        | Broker's Virginia Real Estate License Num  |   | F DASHES (1234567890)                     |                                    |