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 FIRM LICENSE APPLICATION Fee \$270.00

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.

Sole Proprietor (Broker-owned) businesses are <u>not</u> required to file this application.

1.	Firm Name								
	All names must be the same as displayed on government issued ID or organization/business documents.								
2.	Assumed or Fictitious Name Assumed or Fictitious Name								
	If an assumed/fictitious name is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the Code of Virginia must be attached to this application.								
3.	A. Type of business entity (select only one)								
	Sole Proprietorship (non-broker owned) General Partnership Solely Owned LLC Corporation								
	☐ Limited Partnership ☐ Limited Liability Company ☐ Other, please specify:								
	Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.								
	B. State Corporation Commission (SCC) Number: (If applicable)								
	All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No <i>person</i> , <i>partnership, limited liability company or corporation</i> shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.								
4.	Provide one of the following identification numbers*:								
	Business Federal Employer Identification Number (EIN)								
	Sole Proprietor's/Individual's Social Security Number and/or								
	Virginia Department of Motor Vehicles Control Number								
	Enter the same identification number as used on previous applications or licenses on file with the department. ** State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number.								
	solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.								
5.	Mailing Address (PO Box accepted)								
	The mailing address will be printed on the license.								
	City State Zip Code								
6.	Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.								
	PHYSICAL ADDRESS REQUIRED								
	If Principal Broker resides in Virginia, you								
	must have a Virginia Address. City State Zip Code								
POARD	SCC NO. ISSUE DATE ACTIVE TRADE NAME REGISTERED DATE								
BOARD USE ONLY	No N								
	Yes _ Yes _ FILE #/LICENSE # ISSUE DATE								
OFFICE USE ONLY									
USE	1020 0226								

7.	Contact Numbers												
^		ry Telephone			Alternate Telep	hone							
8.	Email Address												
				-		disclosed upon request from							
	The email address provided above will holder or other firms registered with DI	I be used for POR or the Re	the Firn eal Esta	n's online te Board	e profile with DPOR. The email address	It can <u>not</u> be used by any o provided must be unique to the	ther individua iis firm's licer	al's license ise.					
9.	Is the real estate firm a limited liability company?												
	No 🗆	, .	•										
		following in	forma	tion for	each member a	nd managing member o	the limite	d liahility					
) o o , p . o	•				ticipates in this firm's		•					
	business must hold						g	51.01 a.g.					
	Full Name		Man	aging	VA Real Estate	License No. (if licensed).	Actively P	articinato					
	(print name)	Member	Mer	aging nber*		Otherwise provide an Individual's Social Security No. VA DMV Control No., or Company/Trust Tax ID No.		Actively Participate in VA business?					
		No T	No Ye:				No Yes						
		No 🗌	No	_=			No						
		Yes	Ye				Yes						
		No 🗌 Yes 🗀	No Ye:				No Yes						
R	equired Attachment: Attach a copy of t				or the Limited Liabi	lity Company; not the Artic		nization.					
	<u>Virginia Real Estat</u> ➤ The officers listed below mus	e Broker.	ent with	n the of	icers reported to th	kerage business must he va State Corporation Cote License No. (if licensed).		SCC).					
	Full Name (print name)			* Title or ector	0	Otherwise provide Social Security No. or VA DMV Control No.							
							No Yes						
							No						
							Yes						
							No Yes						
11.		llowing inforr	mation oker o	for eacl <i>wned)/</i> /	sole proprietor or partner who active	ership? partner from your partnersely participates in this firm		orokerage					
	Full Name		Sole	Partne		ate License No. (if licensed).	Actively Pa	rticipate in					
	(print name)	Pro	oprietor		_h:_ \	Otherwise provide ty No. or VA DMV Control No.	VA busi						
			es 🗌	Yes	∃		Yes						
			10 🔲	No			No You						
			es	Yes No			Yes No						
			es 🗌	Yes	<u> </u>		Yes						

State Corporation Commission (SCC). 12. Is the real estate firm an association? Nο Yes If yes, provide the following information for each associate from your association. *Every associate who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker. VA Real Estate License No. (if licensed). Actively Participate in Full Name Associate* Otherwise provide VA business? (print name) Social Security No. or VA DMV Control No. No Nο Yes Yes No No Yes Yes No Yes Yes Firm's **Principal Broker** Name: 13. First Middle Last Generation Provide the **Principal Broker's** Social Security and/or VA DMV Control Number*: Social Security Number and/or Virginia DMV Control Number Enter the same identification number as used on examination, previous applications or licenses on file with the department. State law requires every applicant, who is not a sole proprietor (non-broker owned) or solely owned LLC, to provide a federal employer identification number. Sole proprietor (non-broker owned) or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles. C. Which of the following **Broker Applications** have been included to complete your application package? Broker License Application (new applicants only) Concurrent Broker Application (existing licensee working for more than one firm) Activate/Transfer License Application (existing licensee who are activating or transferring their license) Provide your Real Estate license number: By signing this application, I certify the following statements: 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 will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration. • I authorize the 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 or 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. Firm's Principal Broker's Signature: Date

Required Attachment: Attach a copy of the Firm's Partnership Agreement and a copy of the certificate of Partnership issued by the

Owner/Officer Signature is required ONLY if the current Principal Broker did not sign above.

(Owner/Officer's Name					
	Last		First	Middle		Generation
(Owner/Officer's Signature				Date	
ATTAC	HMENTS: Per your respor	nse above, check <u>all</u> the do	ocuments included	d with this application	package.	
		assumed/fictitious name \underline{n} (SCC) pursuant to $\underline{\$59.1}$	-	•		/irginia State
	Limited Liability Compan verification purposes. (Qu	ies must provide a copy ouestion #9)	of the Operating /	Agreement (not the A	articles of Orga	anization) for
	General Partnerships m (Question #11)	nust attach <u>Partnership A</u>	<u>Agreement</u> and o	certificate of Partners	ship issued t	by the SCC.
	Broker Application (Ques	tion # 13.C)				