After completing this form, if the firm's information provided below (Name, DBA name or address) will appear differently on the revised Real Estate License, the firm must attach ALL original license(s) affiliated with this firm/sole proprietorship (non-broker owned), before this request is processed.

1. Firm Name

2. Trade, “Doing Business As” (DBA) or Fictitious Name(s): (If applicable)

3. Firm's Federal Employer Identification Number
   - State law requires every applicant, who is not a sole proprietor or solely owned, LLC; to provide a federal employer identification number.

4. Firm's Virginia Real Estate License Number

5. Firm's Mailing Address
   (PO Box accepted)

6. Firm's Contact Numbers
   - Primary Telephone
   - Alternative Telephone
   - Fax

7. Firm's E-mail Address
   - Email address is considered a public record and will be disclosed upon request from a third party.
   - The email address provided above will be used for the Firm's online profile with DPOR. It can not be used by any other individual license holder or other firms registered with DPOR or the Real Estate Board. The email address provided must be unique to this firm's license.

8. Firm's Principal Broker Name:
   - Last
   - First
   - Middle
   - Generation

9. Firm's Virginia Principal Broker Real Estate License Number

10. Are you applying to change the firm's name and/or DBA name?
   - No
   - Yes If yes, provide the following information:
     A. Firm's new Name:
        (The new name must be registered with the SCC)
     B. Is the firm, adding a DBA name? changing the DBA Name? removing a DBA Name?
        - No
        - Yes If yes, provide the new name or the DBA name to be removed:

   - All Sole Proprietorships (non-broker owned) with DBA or Fictitious names must attach a copy of the certificate filed with the Clerk of the Commission.
   - All DBA names must be registered with the State Corporation Commission.
11. Are you applying to change to firm's address?
   No ☐
   Yes ☐ If yes, provide the following information:

   A. **New Mailing Address**
      (PO Box accepted)

      _______________________________________________  ____________________  ____________________
      City                                               State                    Zip Code

   B. **New Street Address**
      (PO Box not accepted)
      **PHYSICAL ADDRESS REQUIRED**

      _______________________________________________  ____________________  ____________________
      City                                               State                    Zip Code

      ☐ Check here if Street Address is the same as the Mailing Address listed above.

   C. Firm's Contact Numbers

      _______________________________________________  ____________________  ____________________
      Telephone                                          Alternative              Fax

12. 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*.
   • During the time period when this request is being processed, a Licensee or an Applicant with your firm may have a pending application in our licensing system. If you receive a license from DPOR with incorrect information (i.e. Firm's name and/or address), it is solely the responsibility of the Principal Broker to destroy such license(s).

   Principal Broker's Signature ___________________________ Date ______________

**ATTACHMENTS:** Per the questions above, check all attachment(s) that have been included with your application package (if applicable).

☐ If you are a **sole proprietor** (non-broker owned), please submit a copy of the "Change of Firm Name" papers filed with the State Corporation Commission (SCC).

☐ Attach all license(s) affiliated with this firm, sole proprietorship (non-broker owned) if the firm's Name, DBA name or address has changed and will appear differently on the Real Estate License.