



**Real Estate Board**  
**OUT-OF-STATE EXPERIENCE VERIFICATION FORM**  
**Experience Obtained Outside of Virginia**

- This form must be completed by a **principal broker** or **supervising broker** 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. Out-of-state licensed broker (or sole proprietorship) applicants reciprocating to Virginia may ask a licensee or attorney to attest to their 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/broker for 36 of the 48 months immediately preceding their application for licensure.

1. Applicant's Name \_\_\_\_\_  
Last First Middle Generation

2. Provide at least **one** of the following identification numbers \* :  
 Social Security Number and/or 

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 **Virginia** Department of Motor Vehicles Control Number 

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- Enter the same identification number as used on examination, previous applications or licenses on file with the Department.
- \* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Firm Name (where experience obtained) \_\_\_\_\_

4. Firm Real Estate License Number \_\_\_\_\_

5. Firm Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

6. Firm Principal Broker or Supervising Broker's Name  
 \_\_\_\_\_  
Last First Middle Generation

7. **Verifier:** I am completing this experience verification form as an:  
 Attorney  Licensee from the State of \_\_\_\_\_ my License No. is \_\_\_\_\_

8. **Out of State Verifier:**  
 I, \_\_\_\_\_  
Printed Name of Verifier

certify that the above-named applicant was 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 - §54.1-2101 of the *Code of Virginia*) for an average of at least 40 hours per week. I also certify that I have direct knowledge of the applicant's activities.

\_\_\_\_\_ months from \_\_\_\_\_ to \_\_\_\_\_ (Complete for each active period)  
(Number of Months) (MM/DD/YYYY) (MM/DD/YYYY)

Verifier's Signature \_\_\_\_\_ Date \_\_\_\_\_

Verifier's Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax