Reset Form Print Form

Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8500
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

ADDRESS CHANGE FORM

Complete the information below for each license, certification or registration you hold from DPOR.
Attach additional forms to include all license types with your submission.

NOTE: Failure to list all licenses, certificates or registrations may result in not receiving important notices and/or information from the board that issued the license, certificate or registration.

1. Individual/Business Name _____

Real Estate Individuals/Firms must use the board specific Name/Address Change Form.

2. Provide *either* your Social Security Number or VA DMV Control Number ✳: ☐☐☐ - ☐☐ - ☐☐☐☐

(Individual license types only. Use number on file with the board.)

✳ 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. Date of Birth (If applicable) _____

4. Contact Numbers _____ Primary Telephone _____ Alternate Telephone

5. ***Current*** Mailing Address on record with the board: _____

_____

_____ City _____ State _____ Zip Code

6. Requesting Address Change for:

A. Virginia License Number: ☐☐☐☐☐☐☐☐☐☐ License Type: _____

Name as it appears on License: _____

NEW Mailing Address (PO Box accepted): _____

_____

_____

_____ City _____ State _____ Zip Code

NEW Street Address (PO Box not accepted): _____

_____

_____

_____ City _____ State _____ Zip Code

☐ Check box if Street Address is the same as the Mailing Address.

B. Virginia License Number: ☐☐☐☐☐☐☐☐☐☐ License Type: _____

Name as it appears on License: _____

NEW Mailing Address (PO Box accepted): _____

_____

_____

_____ City _____ State _____ Zip Code

NEW Street Address (PO Box not accepted): _____

_____

_____

_____ City _____ State _____ Zip Code

☐ Check box if Street Address is the same as the Mailing Address.

If changing more than two license types, please add an additional request form to your submission.

7. Old E-mail Address _____

New E-mail Address _____

Email address is considered a public record and will be disclosed upon request from a third party.
NOTE: This will not change your existing User ID (log-in) when using DPOR on-line services.

8. I certify that all information provided on this form is true and accurate, and that I am authorized to request the changes herein.

Signature _____ Print Name _____ Date _____

Please sign and submit this form to the DPOR mailing address provided above or **Fax to (866) 266-6818**

IF YOU NEED TO REPORT A NAME CHANGE, PLEASE COMPLETE THE NAME CHANGE FORM