



**Real Estate Board**  
**PROPRIETARY SCHOOL CERTIFICATION APPLICATION**  
**Fee \$190.00**

**A check or money order payable to the TREASURER OF VIRGINIA,  
 or a completed [credit card insert](#) must be mailed with your application package.  
 APPLICATION FEES ARE NOT REFUNDABLE.**

1. Business Entity/Sole Proprietor Name \_\_\_\_\_  
 > A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.
2. Assumed or Fictitious Name <sup>^</sup> \_\_\_\_\_  
 ^ 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     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 **person, partnership, limited liability company or corporation** 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](http://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* 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)  
**PHYSICAL ADDRESS REQUIRED**  
 \_\_\_\_\_  
 Check here if Street Address is the same as the Mailing Address listed above.  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1005		0211	

