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 SETTLEMENT AGENT REGISTRATION APPLICATION Licensed Real Estate Brokers Only Fee \$80.00

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.

1.	Name Last	First	Middle		Generation				
2.	Provide <u>one</u> of the following identification numbers. Social Security Number or Virginia DMV Control Number * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issue by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.								
3.	Applicant's Mailing Address (PO Box accepted)								
4.	Applicant's Street Address RESIDENTIAL (PHYSICAL) ADDRESS REQUIRED (PO Box not accepted)	City Check here	if Street Address is the <u>same</u> as the Mailing A	State	Zip Code re.				
_		City		State	Zip Code				
5.	E-mail Address								
6.	Contact Numbers Primary T	elephone	Alternative Telephone	F	ах				
7.	Broker's Virginia Real Estate License	Number							
8.	The following documentation is require	ed⁺:							
	A. An errors and omissions or malpractice insurance policy providing a minimum of \$250,000 in coverage;								
	B. A blanket fidelity bond or employee dishonesty insurance policy covering persons employed by the settlement agent providing a minimum of \$100,000 in coverage;								
	C. A surety bond of not less than \$200,000.								
	Submit copies of each of the follow	owing requirements	and attach to this application for	review.					
9.	Have you ever been subject to a disc body?	plinary action take	n by <u>any</u> (including Virginia) local,	, state or nati	onal regulatory				
	No Yes If yes, complete a Disci	blinary Action Repo	rting Form.						

Office	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
Use Only			1020		0227	

- 10. Have you ever been convicted in any jurisdiction of a *misdemeanor* (excluding marijuana convictions) *and/or felony*? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
 - No 🗌
 - Yes If yes, complete a <u>Criminal Conviction Reporting Forms</u>.
- 11. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 6.1, Chapter 1.3 of the *Code of Virginia*.

Signature

Date