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



ADDRESS CHANGE FORM

www.dpor.virginia.gov

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

registration.						
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			pard specific <u>Name/Addr</u>	ess Change	<u>Form.</u>	
Provide <u>either</u> your Social Security Number or VA D	MV Con	trol Number :	-	-	Clar Color Date Second V	
		ther authorization to engage	e in a business, trade, profe			
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Current Mailing Address on record with the board:						
	City			State	Zip Code	
Requesting Address Change for:						
Virginia License Number:		Licen	se Type:			
Name as it appears on License:						
NEW Mailing Address* (PO Box accepted):		NEW Street A	ddress (PO Box <u>not</u> a	ccepted):		
City State 2	Zip Code	City		State	Zip Code	
Check box if Street Address is the <u>same</u> as the Mailing A	Address.	* Mailing A	ddress is printed on the I	icense.		
Virginia License Number:		Licen	se Type:			
Name as it appears on License:						
NEW Mailing Address* (PO Box accepted):		NEW <u>Street</u> A	NEW <u>Street</u> Address (PO Box <u>not</u> accepted):			
City State	Zip Code	City		State	Zip Code	
						
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Old E-mail Address						
New E-mail Address						
Signature	Print N	ame		Date		
	Real Estate Provide either your Social Security Number or VA E State law requires every applicant for a license, certificate, regis Commonwealth to provide a social security number or a control Date of Birth (If applicable) Current Mailing Address on record with the board: Requesting Address Change for: Virginia License Number: Name as it appears on License: NEW Mailing Address* (PO Box accepted): City State Check box if Street Address is the same as the Mailing A Virginia License Number: Name as it appears on License: NEW Mailing Address* (PO Box accepted): City State Check box if Street Address is the same as the Mailing A Check box if Street Address is the same as the Mailing If changing more than two license types Old E-mail Address New E-mail Address Email address is co NOTE: This will I certify that all information provided on this form is	Real Estate Individual Provide either your Social Security Number or VA DMV Con State law requires every applicant for a license, certificate, registration or o Commonwealth to provide a social security number or a control number iss Date of Birth (If applicable)	Real Estate Individuals/Firms must use the both Provide either your Social Security Number or VA DMV Control Number*: (Indi State law requires every applicant for a license, certificate, registration or other authorization to engage Commonwealth to provide a social security number or a control number issued by the Virginia Departm Date of Birth (If applicable) 4. Contact Numbers Current Mailling Address on record with the board: City Requesting Address Change for: Virginia License Number: Licen NEW Mailling Address* (PO Box accepted): NEW Street Address City State Zip Code City Check box if Street Address is the same as the Mailing Address. *Mailing Address* Virginia License Number: Licens NEW Mailling Address* (PO Box accepted): NEW Street Address is the same as the Mailing Address. *Mailing Address* Virginia License Number: Licens NEW Mailling Address* (PO Box accepted): NEW Street Address is the same as the Mailing Address. *Mailing Address* NEW Mailling Address* (PO Box accepted): NEW Street Address is the same as the Mailing Address. *Mailing Address If changing more than two license types, please add an additional record and will be NoTE: This will not change your existing User ID (it I certify that all information provided on this form is true and accurate, and that I are	Individual/Business Name Real Estate Individuals/Firms must use the board specific Name/Addi * Provide either your Social Security Number or VA DMV Control Number*: (Individual license byses only L. State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, proficement with the provide a social security number or a control number issued by the Virginia Department of Motor Vehicles. Date of Birth (If applicable) 4. Contact Numbers Primary Telephone Current Mailing Address on record with the board: City Requesting Address Change for: Virginia License Number: NEW Mailing Address* (PO Box accepted): NEW Street Address (PO Box not a state of the same as the Mailing Address. Virginia License Number: NEW Street Address is printed on the I License Type: Name as it appears on License: NEW Mailing Address* (PO Box accepted): NEW Street Address (PO Box not a state of the same as the Mailing Address. NEW Mailing Address* (PO Box not a state of the same as the Mailing Address. NEW Mailing Address (PO Box not a state of the same as the Mailing Address. NEW Mailing Address is printed on the I state of the same as the Mailing Address. NEW Mailing Address is printed on the I state of the same as the Mailing Address. NEW Mailing Address is printed on the I state of the same as the Mailing Address. * Mailing Address is printed on the I state of the same as the Mailing Address. * Mailing Address is printed on the I state of the same as the Mailing Address. * Mailing Address is printed on the I state of the same as the Mailing Address. * Mailing Address is printed on the I state of the same as the Mailing Address. * Mailing Address is printed on the I state of the same as the Mailing Address. * Mailing Address is printed on the I state of the same as the Mailing Address. * Mailing Address is printed on the I state of the same as the Mailing Address. * Mailing Address is printed on the I state of the same as the Mailing Address. * M	Real Estate Individual/Business Name	

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