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 BROKER ACTIVATE/TRANSFER APPLICATION Fee \$90.00

## 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.

Select one of the following:

| X | Action                       |  |  |  |  |  |
|---|------------------------------|--|--|--|--|--|
|   | Activation of Broker License |  |  |  |  |  |
|   | Transfer of Broker License   |  |  |  |  |  |

- You must hold a <u>non-expired</u> Virginia Real Estate Broker License to use this application. If your license has expired, you must RENEW or REINSTATE your license <u>prior to submitting this application</u>.
- If you are transferring to another Branch Office under the same Firm you must use the <u>Branch Affiliation Application</u>.
  <u>Do not</u> complete this application.
- 1. Enter your current Virginia Real Estate Broker License number and expiration date below.

|                                                                                                                         | Virginia License Number                                                                                                                                                 |                                         | Expiration Dat                            | te                |                      |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|-------------------|----------------------|
| 2.                                                                                                                      | Legal Name                                                                                                                                                              | First                                   | Middle                                    |                   | Generation           |
| 3.                                                                                                                      | Provide at least <u>one</u> of the following ident                                                                                                                      | ification numbers $*$ :                 | -                                         | -                 |                      |
|                                                                                                                         | <u>Virginia</u> Department of Motor Vehic                                                                                                                               | cles Control Number                     |                                           |                   |                      |
|                                                                                                                         | <ul> <li>Enter the same identification number as us</li> <li>State law requires every applicant for a license issued by the Commonwealth to provide a social</li> </ul> | e, certificate, registration or other a | uthorization to engage in a busin         | ess, trade, prof  | ession or occupation |
| 4.                                                                                                                      | Applicant Mailing Address<br>(PO Box accepted)                                                                                                                          |                                         |                                           |                   |                      |
|                                                                                                                         |                                                                                                                                                                         | City                                    |                                           | State             | Zip Code             |
| 5. Applicant Street Address<br><b>RESIDENTIAL (PHYSICAL)</b><br><b>ADDRESS REQUIRED</b><br>(PO Box <u>not</u> accepted) |                                                                                                                                                                         | Check here if Street Addre              | ess is the <u>same</u> as the Mailing Add | ress listed above | e.                   |
|                                                                                                                         | ()                                                                                                                                                                      | City                                    |                                           | State             | Zip Code             |
| 6.                                                                                                                      | Applicant's Contact Numbers                                                                                                                                             | Primary Telephone                       | Alternate Telephone                       |                   | Fax                  |
| 7.                                                                                                                      | Applicant's E-mail Address                                                                                                                                              | E-mail address is considered a          | a public record and will be disclose      | ed upon request   | from a third party.  |

|                       | DATE | FEE | TRANS CODE | ENTITY # | FILE #/LICENSE # | ISSUE DATE |
|-----------------------|------|-----|------------|----------|------------------|------------|
| OFFICE<br>USE<br>ONLY |      |     | 3020       |          | 0225             |            |

| 8.   |                                                                                                                                                                                                              |                                                                                 | Principal Broker Sole or and the firm is closing, all licenses must be returned to the l | Proprietorship <sup>*</sup> |  |  |  |  |  |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------|--|--|--|--|--|
| 9.   | What license type                                                                                                                                                                                            | pe are you requesting on t                                                      | his activate/transfer application?                                                       |                             |  |  |  |  |  |
|      | Associate                                                                                                                                                                                                    | Broker                                                                          | Principal Broker+ Sole                                                                   | Proprietorship              |  |  |  |  |  |
|      | If the firm your license will be affiliated with has a <u>current</u> Virginia license, you must submit a <u>Firm Principal Broker/Office</u><br><u>Change Form</u> prior to the Board issuing your license. |                                                                                 |                                                                                          |                             |  |  |  |  |  |
| 10.  | Do you hold any                                                                                                                                                                                              | y other <u>concurrent</u> Virginia                                              | Real Estate Broker licenses?                                                             |                             |  |  |  |  |  |
|      | No 🗌                                                                                                                                                                                                         |                                                                                 |                                                                                          |                             |  |  |  |  |  |
|      | Yes If yes, complete the following table.                                                                                                                                                                    |                                                                                 |                                                                                          |                             |  |  |  |  |  |
| Brok | er's License No.                                                                                                                                                                                             | Associate Broker (AB),<br>Sole Proprietorship (SP),<br>or Principal Broker (PB) | Firm's Name & Trade Name                                                                 | Firm's License Number       |  |  |  |  |  |
|      |                                                                                                                                                                                                              | AB SP PB                                                                        |                                                                                          |                             |  |  |  |  |  |
|      |                                                                                                                                                                                                              |                                                                                 |                                                                                          |                             |  |  |  |  |  |
|      |                                                                                                                                                                                                              |                                                                                 |                                                                                          |                             |  |  |  |  |  |
|      |                                                                                                                                                                                                              |                                                                                 |                                                                                          |                             |  |  |  |  |  |
|      |                                                                                                                                                                                                              |                                                                                 |                                                                                          |                             |  |  |  |  |  |

AB SP PB

- 11. Firm/Sole Proprietorship information with whom your license will be *active*:
  - A. Firm/Sole Proprietorship Name

| If a <u>new</u> assumed/fictitious name is to be used, a to §59.1-69 of the Code of Virginia must be attact                 |                                          | ne Virginia State Corporation Commis                            | sion (SCC) pursua                     |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------|---------------------------------------|
| C. Is the Real Estate Firm/Sole Proprietors<br>No If yes, and the firm is <b>not a</b><br>Yes Application prior to the boar | broker-owned sole proprieto              | ness in Virginia?<br>r <b>ship</b> , the firm must submit a com | plete <u>Firm Licen</u>               |
| D. Firm/Sole Proprietor Virginia Real Estate                                                                                | e License Number                         | DO NOT INCLUDE DA                                               | SHES (1234567890)                     |
| E. Firm/Sole Proprietor Mailing Address                                                                                     |                                          |                                                                 | , , , , , , , , , , , , , , , , , , , |
|                                                                                                                             | City                                     | State                                                           | Zip Code                              |
| F. Firm/Sole Proprietor Street Address<br>PHYSICAL<br>ADDRESS REQUIRED<br>(PO Box not accepted)                             | -                                        | Address is the <u>same</u> as the Mailing Ad                    |                                       |
| (                                                                                                                           | City                                     | State                                                           | Zip Code                              |
| G. Firm/Sole Proprietor Contact Numbers                                                                                     | Drimony Tolonhono                        |                                                                 | For                                   |
| H. Firm/Sole Proprietor E-mail Address                                                                                      | Primary Telephone                        | Alternate Telephone                                             | Fax                                   |
| I. Firm/Sole Proprietor Principal Broker's N                                                                                | must be different from the e-mail a Name | Middle                                                          | Generatio                             |
| J. Principal Broker's Virginia Real Estate L                                                                                | icense Number                            |                                                                 |                                       |
|                                                                                                                             |                                          | DO NOT INCLUDE DA                                               | SHES (1234567890)                     |
| If you are going to be an Associate Broker,<br>No                                                                           | will you be affiliating with a E         | Branch Office of the firm listed a                              | above?                                |
| Yes 🗌 If yes, provide the following E                                                                                       | Branch Office information:               |                                                                 |                                       |
| A. Branch Office Virginia Re                                                                                                | al Estate License Number                 | DO NOT INCLUDE DA                                               | SHES (1234567890)                     |
|                                                                                                                             |                                          |                                                                 |                                       |
| B. Branch Office Mailing Add                                                                                                | dress                                    |                                                                 |                                       |
| B. Branch Office Mailing Ad                                                                                                 |                                          | State                                                           |                                       |
|                                                                                                                             | City                                     | State                                                           | Zip Code                              |
| B. Branch Office Mailing Add<br>C. Branch Office Contact Nu                                                                 | City                                     | State                                                           | Zip Code<br>Fax                       |
|                                                                                                                             | City<br>Imbers<br>Primary Telephone      |                                                                 | •                                     |
| C. Branch Office Contact Nu                                                                                                 | City<br>Imbers<br>Primary Telephone      |                                                                 | •                                     |

DO NOT INCLUDE DASHES (1234567890)

- 13. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?
  - No 🗌
  - Yes If yes, complete a Disciplinary Action Reporting Form.
- 14.A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>? Any plea of nolo contendere shall be considered a conviction.
  - No

- Yes If yes, complete a Criminal Conviction Reporting Form for any new criminal conviction that has not been reported to the Board.
- B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of a <u>misdemeanor involving moral turpitude, sexual offense, non-marijuana drug distribution or physical</u> <u>injury</u> within the past five years? Any plea of nolo contendere shall be considered a conviction.
  - No 🗌
  - Yes If yes, complete a <u>Criminal Conviction Reporting Form</u> for any <u>new</u> criminal conviction that has not been reported to the Board.
- 15. Have you ever violated a fair housing law in any jurisdiction of the United States?
  - No 🗌
  - Yes If yes, attach a certified copy of the final order, decree, case decision or conciliation agreement by a court or regulatory agency with lawful authority to issue such order, decree, decision or agreement.

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Real Estate License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorneyin-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

- 16. By signing this application, I certify the following statements:
  - 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. Furthermore, I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
  - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license including, but not limited to, any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
  - I authorize the Department of Professional and Occupational Regulation (Department) to verify information concerning me or any statement in this application from any person, or any source the Department may contact. I also agree to present any credentials or documents required and requested by the Department.
  - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
  - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 21 of the Code of Virginia and the Virginia Real Estate Regulations.
  - I have a good reputation for honesty, truthfulness, and fair dealing, and am competent to transact the business of real estate broker or real estate salesperson in such a manner as to safeguard the interests of the public.
  - If I am transferring my license, I affirm I have notified my <u>current</u> broker of the fact that I am leaving his/her firm.

Applicant's Signature

Date

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 BROKER ACTIVATE/TRANSFER APPLICATION** Fee \$90.00

## 17. For all applicants who will be affiliated with a current licensed firm/sole proprietorship:

Broker's Statement (to be completed by either the principal or supervising broker with signatory authority who will be responsible for the applicant's real estate activities)

| I,authorize                                                                                             |                                              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------|
| I, AUTNOFIZE AUTNOFIZE                                                                                  | Applicant's Name                             |
| to apply to transfer his/her license with the real estate firm listed on this app                       |                                              |
| license has not expired, I have reviewed the application as well as the ans                             | swers provided by the applicant and the      |
| application is complete. It is my opinion that said licensee is honest, truthful a                      | and of good reputation and that he/she is    |
| competent to transact the business of a real estate broker in such a manner a                           | s to safeguard the interest of the public. I |
| certify that I will actively supervise and train the licensee during the period the                     | e licensee is under my supervision and I     |
| hereby assume responsibility effective as of the date indicated below for the                           | above-named licensee pursuant to Title       |
| 54.1, Chapter 21, of the Code of Virginia and the Real Estate Board Regulation                          | ns.                                          |
| Principal or Supervising Broker's Signature                                                             | Date                                         |
| Principal Broker                                                                                        |                                              |
| Supervising Broker                                                                                      | DO NOT INCLUDE DASHES (1234567890)           |
|                                                                                                         | DO NOT INCLUDE DASILES (1234307030)          |
| The activating/transferring salesperson must first sign and date this application prior to the F        | Principal/Supervising Broker/Sole Proprietor |
| signing and dating this application.                                                                    |                                              |
| Applications cannot be processed and licenses activated if signatures are not placed                    | I on the application in the proper order     |
|                                                                                                         | a on the application in the proper order.    |
| ATTACHMENTS: (Check the attachments included with this application)                                     |                                              |
| All <i>new</i> Assumed/Fictitious names must attach a copy of the certificate filed with the Clerk      | of the State Corporation Commission.         |
| If applying to become a Principal Broker of an existing firm, a completed Firm Principal B Question #9) | roker/Officer Change Form is required. (See  |
| If the new firm is one of the following: Corporation, Limited Liability Company, Limited F              | Partnership, Sole Proprietorship (non-broker |
| owned), General Partnership, or Association, a completed Firm License Application is requ               |                                              |
| Disciplinary Action Report Form(s) and all attachments. (See Question #13)                              |                                              |

Criminal Conviction Reporting Form(s) and all attachments. (see Question #14)

|                       | DATE | FEE | TRANS CODE | ENTITY # | FILE #/LICENSE # | ISSUE DATE |
|-----------------------|------|-----|------------|----------|------------------|------------|
| OFFICE<br>USE<br>ONLY |      |     | 3020       |          | 0225             |            |