



**Real Estate Board  
 BRANCH AFFILIATION APPLICATION  
 Fee \$90.00**

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.**

Select **one** of the following:

|                          |                           |
|--------------------------|---------------------------|
| <b>X</b>                 | <b>Action</b>             |
| <input type="checkbox"/> | <b>Add Affiliation</b>    |
| <input type="checkbox"/> | <b>Change Affiliation</b> |

► You must hold a **non-expired** Virginia Real Estate License to use this application. If your license has expired, you must **RENEW** or **REINSTATE** your license prior to submitting this application. This application is NOT required when you activate or transfer a license.

1. Enter your current Virginia Real Estate License Number and expiration date below.

Virginia License Number 

|   |   |   |   |  |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|--|
| 0 | 2 | 2 | 5 |  |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|--|

 Expiration Date \_\_\_\_\_

2. Legal Name \_\_\_\_\_  
Last First Middle Generation

3. Provide at least **one** of the following identification numbers \*:

Social Security Number **or**

|  |  |  |  |  |  |  |  |  |  |  |
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Social Security or VA DMV Number (123-45-6789)

**Virginia** Department of Motor Vehicles Control Number

► Enter the same identification number as used on examination, previous applications or licenses on file with the Department.

\* 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.

4. Applicant's Mailing Address  
 (PO Box accepted)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Applicant's Street Address  
**RESIDENTIAL (PHYSICAL)  
 ADDRESS REQUIRED**  
 (PO Box not accepted)

Check here if Street Address is the same as the Mailing Address listed above.

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Applicant's Contact Numbers

Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_

7. Applicant's E-mail Address

\_\_\_\_\_

|                 |      |     |             |          |                  |            |
|-----------------|------|-----|-------------|----------|------------------|------------|
| OFFICE USE ONLY | DATE | FEE | TRANS CODE  | ENTITY # | FILE #/LICENSE # | ISSUE DATE |
|                 |      |     | <b>5020</b> |          | <b>0225</b>      |            |

► You must have an active license with the firm with whom the branch is affiliated.

8. Firm/Sole Proprietorship information with whom the branch is affiliated:

A. Firm/Sole Proprietorship Name

\_\_\_\_\_

B. Trade, "Doing Business As" (DBA) or Fictitious Name

\_\_\_\_\_

C. Firm/Sole Proprietor Virginia Real Estate License Number

|   |   |   |   |  |  |  |  |  |  |
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DO NOT INCLUDE DASHES (1234567890)

D. Firm/Sole Proprietor Mailing Address

\_\_\_\_\_

City

State

Zip Code

E. Firm/Sole Proprietor Street Address

Check here if Street Address is the same as the Mailing Address listed above.

**PHYSICAL  
ADDRESS REQUIRED**  
(PO Box not accepted)

\_\_\_\_\_

City

State

Zip Code

F. Firm/Sole Proprietor Contact Numbers

\_\_\_\_\_

Primary Telephone

Alternate Telephone

Fax

G. Firm/Sole Proprietor E-mail Address

\_\_\_\_\_

H. Firm/Sole Proprietor Principal Broker's Name

\_\_\_\_\_

Last

First

Middle

Generation

I. Principal Broker's Virginia Real Estate License Number

|   |   |   |   |  |  |  |  |  |  |
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DO NOT INCLUDE DASHES (1234567890)

9. Branch office information with whom the applicant will be affiliated

A. Branch Office Virginia Real Estate License Number

|   |   |   |   |  |  |  |  |  |  |
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| 0 | 2 | 2 | 6 |  |  |  |  |  |  |
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DO NOT INCLUDE DASHES (1234567890)

B. Branch Office Mailing Address

\_\_\_\_\_

City

State

Zip Code

C. Branch Office Street Address

Check here if Street Address is the same as the Mailing Address listed above.

**PHYSICAL  
ADDRESS REQUIRED**  
(PO Box not accepted)

\_\_\_\_\_

City

State

Zip Code

D. Branch Office Contact Numbers

\_\_\_\_\_

Primary Telephone

Alternate Telephone

Fax

E. Branch Office Supervising Broker's Name

\_\_\_\_\_

Last

First

Middle

Generation

F. Branch Supervising Broker's Virginia Real Estate License Number

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DO NOT INCLUDE DASHES (1234567890)

10. 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 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 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

11. **For all applicants who will be affiliated with a current licensed branch:**

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

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Print Name of Supervising or Principal Broker Applicant's Name

to apply to affiliate his/her license with the branch listed on this application. I affirm I verified the applicant's license has not expired, I have reviewed the application and the application is complete. It is my opinion that said licensee is honest, truthful and of good reputation and that he/she is competent to transact the business of a real estate broker in such a manner as to safeguard the interest of the public. I certify that I will actively supervise and train the licensee during the period the 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 Regulations*.

Supervising or Principal Broker Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Broker  Broker's Virginia Real Estate License Number 

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Principal Broker  DO NOT INCLUDE DASHES (1234567890)

The affiliating salesperson must first sign and date this application **prior to** the Supervising/Principal Broker/Sole Proprietor signing and dating this application.

**Applications cannot be processed and licenses affiliated if signatures are not placed on the application in the proper order.**