Reset Form Print Form

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

Department of Professional and Occupational Regulation

Real Estate Board
INDIVIDUAL - NAME/ADDRESS CHANGE FORM

Complete the information below for each license, certification or registration you hold from DPOR.

- Changes to your **legal name** will affect all of the license(s) you hold with DPOR. Changes to **DBA name** will only affect your Real Estate license(s).
- Individuals requesting a legal ***Name Change*** (not DBA name) must attach a copy of official documentation that verifies the name change. (e.g. divorce decree, court order or marriage certificate)
- Individuals requesting a legal ***Name Change*** AND currently hold **an existing DBA name**: All DBA names must match legal names. If the first or last name has changed, the DBA Name may need to be updated as well. **See questions 6 & 7.*

1. What is the name on your ***current*** license?
   A. Full Legal Name _____
   (Name as it appears on your license)
   B. Doing Business As (DBA) name: _____
   (If applicable)

2. Provide at least **one** of the following identification numbers✳:
   ☐ ***Social Security Number*** *and/or* ☐☐☐ - ☐☐ - ☐☐☐☐
   ☐ ***Virginia*** DMV 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.

3. Contact Numbers _____ (Primary Telephone) _____ (Alternate Telephone)

4. Email Address _____
   Email address is considered a public record and will be disclosed upon request from a third party.
   - The email address provided above will be used for your individual online profile with DPOR. It can **not** be used by any other individual license holder or other firms registered with DPOR or the Real Estate Board. The email address provided will be unique to this individual license.

5. List **all** license numbers and license types you hold from DPOR:
   Virginia License Number ☐☐☐☐☐☐☐☐☐☐ License Type _____
   Virginia License Number ☐☐☐☐☐☐☐☐☐☐ License Type _____
   Virginia License Number ☐☐☐☐☐☐☐☐☐☐ License Type _____
   Virginia License Number ☐☐☐☐☐☐☐☐☐☐ License Type _____
   Virginia License Number ☐☐☐☐☐☐☐☐☐☐ License Type _____
   Virginia License Number ☐☐☐☐☐☐☐☐☐☐ License Type _____

6. A. Are you applying to change your **Legal Name**?
   No ☐ If no, Skip to question #7.
   Yes ☐ If yes, provide your ***New*** Legal Name: (As it appears on your legal documentation.)

   _____ Last (required) _____ First (required) _____ Middle _____ Generation

- Individual name change must be accompanied by a copy of official documentation that ***verifies*** the name change. (e.g. divorce decree, court order or marriage certificate)

B. Do you have an *existing* **DBA name** (as listed in question #1.B.)?

No ☐ If no, Skip to question #7.

Yes ☐ If yes, the DBA name must include the first *or* last name of the new legal name.

- **IF** the DBA name does not match the new legal name, the DBA name will be dropped from the license record. To ***change or add*** a DBA name, continue to the next question.

7. Are you applying to *change* or *add* a "**Doing Business As (DBA)**" name?

No ☐

Yes ☐ If yes, what is the ***New*** DBA Name?

DBA Name _____

First or last name of your legal name must be included in your professional name (i.e. John D., or J. Doe)

8. Are you applying to change your **address** (place of Residence)?

No ☐

Yes ☐ If yes, provide the following information:

New Physical Address: _____

RESIDENTIAL (PHYSICAL) ADDRESS REQUIRED
(P.O. Box not accepted)

_____

_____ _____ _____ _____

APT/Unit # City State Zip Code

9. All ***correspondence*** from the board are mailed to the individual's *physical address* on record. Complete the following table if you would like to have your correspondence mailed to a different address:
(The address(es) listed below will become the 'Mailing Address' for the related license(s).)

No ☐

Yes ☐ If yes, provide your license number and address for each license type you hold from DPOR.

License Number	Mailing Address

- All Real Estate **License(s)** are mailed directly to the Firm/Sole Proprietor.

10. I certify that all information provided on this form is true and accurate, and that I am authorized to request the changes herein.

Signature _____ Date _____