



Real Estate Board
PROPRIETARY SCHOOL CERTIFICATION APPLICATION
Fee \$265.00

**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.**

1. Business Entity/Sole Proprietor Name _____
 > A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.
2. Assumed or Fictitious Name [^] _____
 ^ If an **assumed/fictitious name** is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to [§59.1-69](#) of the *Code of Virginia* must be attached to this application.
3. A. Type of business entity (select only **one**)
 Sole Proprietorship General Partnership Solely Owned LLC Corporation
 Limited Partnership Limited Liability Company Other, please specify: _____
Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.
- B. State Corporation Commission (SCC) Number: _____ (If applicable)
 > All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No **person, partnership, limited liability company or corporation** shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.
 For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.
4. Provide **one** of the following identification numbers:
 Business Federal Employer Identification Number (EIN) - _____
 Sole Proprietor's/Individual's Social Security Number and/or - _____
 Virginia Department of Motor Vehicles Control Number * _____
 > Enter the same identification number as used on previous applications or licenses on file with the department.
 * State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

5. Mailing Address (PO Box accepted)
 The mailing address will be printed on the license.

 City _____ State _____ Zip Code _____
6. Street Address (PO Box not accepted)
PHYSICAL ADDRESS REQUIRED

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

 City _____ State _____ Zip Code _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1005		0211	

