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



CONCURRENT BROKER LICENSE APPLICATION Fee \$195.00

> All applicants must hold a <u>current</u> active broker license when applying for a concurrent license.

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.

1.	Legal Name									
	l	Last		First	Middle		Generation			
2.	Professional N	ame (if applica								
				¥.	name must be included in your profession	nal name. (i.e. John	D., or J. Doe)			
3.		Provide at least <u>one</u> of the following identification numbers [*] :								
	Social Se	ecurity Number	r <i>and/or</i>		-	-				
	Virginia	Department of	f Motor Vehic	les Control Number						
	_				DO NOT INCL	UDE DASHES (123	4567890)			
	 Enter the s 	same identificatio	n number as use	ed on examination, prev	ious applications or licenses on file	with the Departme	ent.			
					other authorization to engage in a bu rol number issued by the Virginia Depar					
4.	Date of Birth		(N	<i>l</i> lust be at least 18 ye	ars of age.)					
		MM/DD/Y	YYY							
5.	Applicant Mailin (PO Box ac									
				City		State	Zip Code			
6.	Applicant Stree RESIDENTIAL (ADDRESS RE (PO Box not	PHYSICAL) EQUIRED		Check here if Stre	et Address is the <u>same</u> as the Mailing A	dress listed above.				
	(1 0 Dox <u>not</u>	doopted)		City		State	Zip Code			
7.	Applicant's Cor	ataat Numbara					·			
7.	Applicant's Cor)	Primary Telephone	Alternate Telephone		Fax			
8.	Applicant's E-n	nail Address								
0.	FF			E-mail address is con	sidered a public record and will be discle	osed upon request fr	rom a third party.			
9.	List all Virginia	Real Estate B	Broker license	s that you currently	hold.					
Droko	r License Number	Associat		Firm	Nama & Trada Nama	Firm Li	anaa Numbar			
DIOKE	r License Number Sole Proprietor (SP) or Principal Broker (PB)			Firm Name & Trade Name F			Firm License Number			
		AB SP								
		AB SP	П РВ П							
		AB SP	 □ PB □ □							
	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #		ISSUE DATE			
OFFICE USE ONLY			1025		0225					

	AB	SP PB		
	AB 🗌	SP 🗌 PB 🗌		
	AB 🗌	SP D PB		
	AB 🗌	SP D PB		
	AB 🗌	SP PB		
	AB 🗌	SP D PB		
10.	What type of broker licer	nse are you requ	esting?	
	Associate Broker Principal Broker+ Sole Proprietorship (B + If the firm your licens Change Form prior to	se will be affiliated	H with has a <u>current</u> Virginia license, you must submit a <u>Firm</u>	n Principal Broker/Office
4.4	. .			
11.			whom your license will be <i>active</i> :	
	A. Firm/Sole Proprietors	snip Name		
	B. Trade, "Doing Busine	ess As" (DBA) or	Fictitious Name	
	business will be conducted	1.	ames <u>must attach a copy of the certification filed with the Clerk of the</u> orship listed above a new business in Virginia?	e <u>Court</u> in the locality where
		and the firm is not	a broker-owned sole proprietorship , the firm must submit bard issuing this license.	a complete <u>Firm License</u>
	·	and the firm is not a <u>tion</u> prior to the bo	t a broker-owned sole proprietorship, the firm must submit bard issuing this license. tate License Number 0 2 2 6	
	Yes Applica	and the firm is not a <u>tion</u> prior to the bo Virginia Real Est	t a broker-owned sole proprietorship, the firm must submit bard issuing this license. tate License Number	
	Yes Applica D. Firm/Sole Proprietor E. Firm/Sole Proprietor	and the firm is not a <u>tion</u> prior to the bo Virginia Real Est Mailing Address	t a broker-owned sole proprietorship, the firm must submit bard issuing this license. tate License Number City	JDE DASHES (1234567890)
	Yes <u>Applica</u> D. Firm/Sole Proprietor	and the firm is not ation prior to the bo Virginia Real Est Mailing Address Street Address RED	t a broker-owned sole proprietorship, the firm must submit bard issuing this license. tate License Number 0 2 2 6 DO NOT INCLU City S Check here if the Street Address is the same as the Main	JDE DASHES (1234567890) State Zip Code illing Address listed above.
	Yes Applica D. Firm/Sole Proprietor E. Firm/Sole Proprietor F. Firm/Sole Proprietor PHYSICAL ADDRESS REQUI (PO Box not accept	and the firm is not ation prior to the bo Virginia Real Est Mailing Address Street Address RED pted)	t a broker-owned sole proprietorship, the firm must submit bard issuing this license. tate License Number 0 2 2 6 DO NOT INCLU City S Check here if the Street Address is the same as the Main City S City S City S City S	JDE DASHES (1234567890)
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	Yes Applica D. Firm/Sole Proprietor E. Firm/Sole Proprietor F. Firm/Sole Proprietor PHYSICAL ADDRESS REQUI (PO Box not acce) G. Firm/Sole Proprietor	and the firm is not <u>ation</u> prior to the bo Virginia Real Est Mailing Address Street Address RED pted) Contact Number E-mail Address	ta broker-owned sole proprietorship, the firm must submit bard issuing this license. tate License Number 0 2 2 6 DO NOT INCLU City S City S City S Primary Telephone Alternate Telephone (If this is a new Firm/Sole Proprietorship, the e-mail address must must be different from the e-mail address listed in question #7.)	JDE DASHES (1234567890) JDE DASHES (1234567890) State Zip Code State Zip Code Fax
	Yes Applica D. Firm/Sole Proprietor E. Firm/Sole Proprietor F. Firm/Sole Proprietor PHYSICAL ADDRESS REQUI (PO Box not acce) G. Firm/Sole Proprietor H. Firm/Sole Proprietor	and the firm is not <u>ation</u> prior to the bo Virginia Real Est Mailing Address Street Address RED pted) Contact Number E-mail Address	t a broker-owned sole proprietorship, the firm must submit bard issuing this license. tate License Number 0 2 2 6 DO NOT INCLU City S City S City S City S City S Primary Telephone Alternate Telephone (If this is a new Firm/Sole Proprietorship, the e-mail address must must be different from the e-mail address listed in question #7.) 's Name	JDE DASHES (1234567890) JDE DASHES (1234567890) State Zip Code State Zip Code Fax

DO NOT INCLUDE DASHES (1234567890)

12.	If you are going to be an	Associate Broker, v	will you be affiliating wit	th a Branch Office of th	e firm listed above?

No	\square	lf no.	ao to	Question	#13.
110			90.10	Question	<i>#</i> 10.

Yes 🔲 If yes, provide the following Branch Office information:

A. Branch Office Virginia Real Estate	e License Number	0 2 2 0 DO NOT INCL	5 UDE DASHI	ES (12345678
B. Branch Office Mailing Address				
	City		State	Zip Code
C. Branch Office Contact Numbers	Primary Telephone	Alternate Telephone		Fax
D. Branch Office Supervising Broker	, ,			
Last	irst	Middle		Gener
E. Branch Supervising Broker's VA F	Real Estate License Nur		5	
		DO NOT INCL	UDE DASHI	ES (12345678

- 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 <u>Disciplinary Action Reporting Form</u>.
- 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 Real Estate Criminal Conviction Reporting Form.
 - 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</u>, <u>sexual offense</u>, <u>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 Real Estate Criminal Conviction Reporting Form.

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.

Applicant's	Signature
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Date

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 <u>signatory authority</u> who will be responsible for the applicant's real estate activities)

l,	I,authorize					
Print Nam	e of Principal or Supervising Broker	Applicant's Name				
responsibility for the	apply for a license as a real estate <i>broker</i> with the real estate firm listed on this application; and I hereby assume ponsibility for the licensee pursuant to Title 54.1, Chapter 21, of the <i>Code of Virginia</i> and the <i>Real Estate Board</i> <i>gulations</i> . I affirm I have reviewed the application as well as the answers provided by the applicant and the plication is complete.					
Principal or Supervisi	ng Broker's Signature	Date				
Principal Broker Supervising Broker	Broker's Virginia Real Estate License Number	0 2 2 5 DO NOT INCLUDE DASHES (1234567890)				

All Sole Proprietorships with DBA and fictitious names must attach a copy of the certificate filed with the Clerk of the Court.

If applying to become a Principal Broker of an existing firm, a completed Firm Principal Broker/Officer Change Form is required. (See Question #10)

- If the new firm is one of the following: Corporation, Limited Liability Company, Limited Partnership, Sole Proprietorship (nonbroker owned), General Partnership, or Association, a completed Firm License Application is required. (See Question #11.C)
- Disciplinary Action Report Form(s) and all attachments. (See Question #13)
- Criminal Conviction Reporting Form(s) and all attachments. (see Question #14)

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Real Estate Board CONCURRENT BROKER ACKNOWLEDGEMENT FORM

To be completed by the principal broker of <u>each</u> real estate firm at which the applicant <u>currently</u> serves as an ASSOCIATE BROKER. This form is <u>not</u> required from firms at which the applicant currently serves as a PRINCIPAL BROKER.

1.	Associate Broker	First	Middle	Generation
2.	Associate Broker's Virginia Real Estate L		0 2 2 5 DO NOT INCLUDE DASH	
3.	Current Firm/Sole Proprietorship's Name			
4.	Trade, "Doing Business As" (DBA) or Fic	titious Name		
5.	Firm/Sole Proprietorship's Virginia Real E	Estate License Number	0 2 2 6 DO NOT INCLUDE DASH	ES (1234567890)
6.	Firm/Sole Proprietor's Mailing Address (PO Box accepted)			
		City	State	e Zip Code
7.	Firm/Sole Proprietorship's Contact Numb	Primary Telephone	Alternate Telephone	Fax
8.	Firm/Sole Proprietorship's E-mail Addres	S		
9.	Firm/Sole Proprietor's Principal Broker's	Name		
	Last	First	Middle	Generation
10.	Firm's Principal Broker/Sole Proprietors F	Real Estate License Number	0 2 2 5	
11.	Broker's Statement (must be complete activities.)	d by the broker <u>who is</u> resp	DO NOT INCLUDE DA	· · · · · ·
	l,		nowledge that I have receiv	ved written notice of
	Print Name of Principal Broker/Sole			
	Name of Associate Broker listed in Que		for concurrent licensure an	d affiliation as an
		with the following firm:		
	New Firm/Sole Proprietorship Name			
	New Firm/Sole Proprietorship's Virginia F	Real Estate License Number	0 2 2 6 DO NOT INCLUDE DA	ASHES (1234567890)
	Firm/Sole Proprietor's Mailing Address			
		City	Stat	e Zip Code
12.	Principal Broker/Sole Proprietor's Signatu (signature of person completing this form)	ure	Date	