Reset Form Print Form

Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Department of Professional and Occupational Regulation

**Real Estate Board**
**BRANCH OFFICE - SUPERVISING BROKER CHANGE FORM**
**No Fee Required**

1. Firm/Sole Proprietorship Name _____

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

3. Firm State Corporation Commission (SCC) Number (if applicable) _____

4. Firm/Sole Proprietorship Virginia Real Estate License Number
   DO NOT INCLUDE DASHES (1234567890)

5. Firm/Sole Proprietor Mailing Address (PO Box accepted)
   _____
   Zip Code | City | State | Zip Code

6. Firm Contact Numbers
   Primary Telephone | Alternate Telephone | Fax

7. Firm E-mail Address _____
   E-mail address is considered a public record and will be disclosed upon request from a third party.

8. Firm/Sole Proprietor Principal Broker's Name
   Last | First | Middle | Generation

9. Principal Broker's Virginia Real Estate License Number
   DO NOT INCLUDE DASHES (1234567890)

10. **Branch Office** Virginia Real Estate License Number
    DO NOT INCLUDE DASHES (1234567890)

11. **Branch Office** Mailing Address _____
    City | State | Zip Code

12. **Branch Office** Contact Numbers
    Primary Telephone | Alternate Telephone | Fax

13. **Branch Office** E-mail Address _____

14. **Branch Office - <u>Current</u>** Supervising Broker Information:
    A. Supervising Broker Name _____
    B. Supervising Broker Virginia Real Estate License Number
       DO NOT INCLUDE DASHES (1234567890)
    C. Will the *<u>current</u>* Supervising Broker remain at the **firm**?
       ☐ No If no, the current Supervising Broker will be dropped from the firm. Skip to question #14.
       ☐ Yes

D. Will the *current* Supervising Broker remain at the **Branch office**?

☐ No

☐ Yes

- If the current supervising broker answers "**No"** to question 13C and is responsible for more than one branch, all branches will be **terminated** unless a Branch Office Supervising Change Form is submitted for each branch under the current supervisor's oversight.

15. **Branch Office <u>new</u>** Supervising Broker

| Last | First | Middle | Generation |
|---|---|---|---|
| | | | |

16. **New** Supervising Broker Virginia Real Estate License Number

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

DO NOT INCLUDE DASHES (1234567890)

- If you are listed as a **non-supervising broker** at another branch office, do you wish to remain on that branch's roster?

  No ☐ Yes ☐

- The new supervising broker must be active with the firm if not, a broker transfer application, a broker application or broker upgrade application with the corresponding fee must be submitted prior to issuing the change of supervising broker.

17. By signing this application, I certify the following statements:

- 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, certification, or registration.
- I authorize the 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 or requested by the Department.
- I understand that the current supervising broker will remain on this branch office roster as a non-supervising broker unless that broker becomes inactive, transfers to a new firm, affiliates with a new branch office, or is terminated from this branch office .
- 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*.

18. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the firm's or my license status.

Firm Principal Broker's Signature _____ Date _____

AND

**New** Supervising Broker's Signature: _____ Date _____

Signature of Individual listed in #15.