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

**Real Estate Board**
# BUSINESS ENTITY CHANGE APPLICATION
**(Member Change, Name Change, or Status Change)**
**No Fee Required**

1. ***Current*** Business Entity Name _____

2. ***Current*** Business Entity Trade, "Doing Business As" (DBA) or Fictitious Name

   _____

3. **Business Entity** Real Estate License Number: ☐☐☐☐☐☐☐☐☐☐
   DO NOT INCLUDE DASHES (1234567890)

4. Provide **one** of the following identification numbers✳ for the **Business Entity**:
   - ☐ 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. Provide the **Business Entity** State Corporation Commission (SCC) Number: _____

6. **Business Entity** Email Address _____
   Email address is considered a public record and will be disclosed upon request from a third party.

7. **Business Entity** Contact Numbers: _____ Telephone _____ Alternative

8. **Firm/Sole Proprietorship** Information with whom the Business Entity license is ***active***:

   A. Name

   _____

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

   _____

   C. Virginia Real Estate License Number ☐☐☐☐☐☐☐☐☐☐
   DO NOT INCLUDE DASHES (1234567890)

   D. Mailing Address
   (this will be the Business Entity's Address of Record.) _____

   _____ APT/Unit # _____ City _____ State _____ Zip Code

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

   F. Contact Numbers _____ Telephone _____ Alternative

| BOARD USE ONLY | SCC NO. | ISSUE DATE | ACTIVE | TRADE NAME REGISTERED | DATE |
|---|---|---|---|---|---|
| | | | No ☐ Yes ☐ | No ☐ Yes ☐ | |

G. Firm/Sole Proprietor's Principal Broker's Name

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

H. Principal Broker's Virginia Real Estate License Number

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

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9. Will this Business Entity operate as a "team" as defined in §54.1-2100? *(See definition below)*

No ☐

Yes ☐

➢ §54.1-2100 - *"Real estate team" means two or more individuals, one or more of whom is a real estate salesperson or broker, who (i) work together as a unit within the same brokerage firm, (ii) represent themselves to the public as working together as one unit,* ***and*** *(iii) designate themselves by a fictitious name.*

10. Provide **only** the following information for **each licensed individual or entity** who will be **added** to the Business Entity and **paid a commission** or who will be **added** as a licensed member of the **team** through the business entity named on this application:

➢ **All licensed members of the business entity** must be affiliated with the same firm as the business entity

| VA Real Estate License Number | Name | License Type (Salesperson, Broker, Entity) | Signature* |
|---|---|---|---|
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* By signing this application I/we, the undersigned, certify that the foregoing statements and answers are true, and I/we have not suppressed any information that might affect the Board's decision to approve this application. I also certify that I/we understand, and have complied with, all the laws of Virginia related to real estate licensure under the provisions of Title 54.1, Chapter 21 of the *Code of Virginia* and the *Real Estate Board Regulations*.

11. Provide the following information for **each licensed individual** or **entity** who will be ***removed*** and ***not*** receive a commission from this business entity or who will be removed from the business entity **team**:

| VA Real Estate License Number | Name |
|---|---|
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| | |

| VA Real Estate License Number | Name |
|---|---|
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12. Are you applying to change the **Business Entity** name and/or Assumed or Fictitious name?

No ☐

Yes* ☐ If yes, provide the following information:

A. **New** Name:

_____

B. Assumed or Fictitious Name(s) ✦ ◯ Add ◯ Change ◯ Delete

_____

✦ All **sole proprietorships** with an **assumed/fictitious name** much be registered with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the *Code of Virginia*.

13. Principal Broker's Statement

I, the firm's Principal Broker *or* Supervising Broker, hereby acknowledge that the licensee(s) named on this application for a Business Entity License is affiliated with my firm as a real estate agent.

Principal Broker's Signature _____ Date _____

***or*** Supervising Broker's* Signature _____ Date _____

Supervising Broker's VA Real Estate License Number | | | | | | | | | | |

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* If the Supervising Broker listed above has been added, removed, or is a member of the business entity being changed, the Principal Broker **must** sign this form (see question 10 & 11)