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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

BUSINESS ENTITY LICENSE/REINSTATEMENT APPLICATION

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.

Select one the of following:

x	Method of Licensure	Fee	Trans
☐	**Initial/New** Business Entity	$299.50*	1021
☐	Reinstatement of an **Expired** Business Entity	$309.50*	4020

*Reinstatement fee includes the 90.00 fee to add the firm with which the business entity will be held.

1. Has this **Business** ever held a license with the Virginia Real Estate Board?

   No ☐
   Yes ☐ If yes, provide the license number and expiration date.

   VA License Number ☐☐☐☐☐☐☐☐☐☐ Expiration Date* _____

   - A Business Entity and Firm cannot operate as one business. Each must register with the SCC and hold a separate license.
   - * If the business entity has been expired for more than 1 year, a **new** business entity license is required.

2. Business Entity/Sole Proprietor Name _____
   - A sole proprietor should enter his/her full legal name above and any assumed/fictitious name should be entered below.
   - All other Business Entity types should enter the Business Entity name registered at the SCC above and any assumed or fictitious name(s) should be entered below.
   - All names must be the same as displayed on government issued ID or organization/business documents.

3. Assumed or Fictitious Name* _____
   - * If an ***assumed/fictitious name*** is to be used, it must be registered with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the *Code of Virginia*.

4. 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 registered with the Virginia SCC.

   For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

BOARD USE ONLY	SCC NO.		ISSUE DATE	ACTIVE No ☐ Yes ☐	TRADE NAME REGISTERED No ☐ Yes ☐	DATE
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE # 0226	ISSUE DATE

**Pursuant to 2026's House Bill 30, DPOR is to charge a Technology Fee equal to $7.25 per year.*

5. 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.*

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

7. 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 Business Entity's online profile with DPOR. It can **not** be used by any other individual license holder or other businesses registered with DPOR or the Real Estate Board. The email address provided must be unique to this Business Entity's license.

8. **Firm/Sole Proprietorship** Information with whom your license will be ***active***:

A. Name

_____

B. Assumed or Fictitious Name

_____

C. Virginia Real Estate License Number ☐☐☐☐☐☐☐☐☐☐

DO NOT INCLUDE DASHES (1234567890)

D. Mailing Address _____

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

E. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

F. Contact Numbers _____ (Telephone) _____ (Alternative)

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

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

H. Principal Broker's/Sole Proprietor's Virginia Real Estate License No. ☐☐☐☐☐☐☐☐☐☐

DO NOT INCLUDE DASHES (1234567890)

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. **ONLY** provide the following information for **each licensed individual or entity** who will be **paid a commission** or who is a **licensed member of the team** through the business entity named on this application:

VA Real Estate License Number	Name	License Type (Salesperson, Broker or Entity)	Signature*

* 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. 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 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*.

Principal Broker's Signature _____ Date _____

or

Supervising Broker's* Signature _____ Date _____

Supervising Broker Virginia Real Estate License Number: | | | | | | | | | | |

DO NOT INCLUDE DASHES (1234567890)

* If the Supervising Broker listed above is an individual receiving a commission through the Business Entity or a member of the team, the Principal Broker must sign this application (see question 10).