Reset Form Print Form

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
BRANCH OFFICE - ADDRESS CHANGE FORM
No Fee Required

1. Firm's Name _____

2. Trade, "Doing Business As" (DBA) or Fictitious Name(s): (If applicable)

_____

3. Firm's State Corporation Commission (SCC) Number: (If applicable)

_____

4. **Firm's** Federal Employer Identification Number: ☐☐ - ☐☐☐☐☐☐☐

5. **Firm's** Virginia Real Estate License Number: ☐☐☐☐☐☐☐☐☐☐

6. **Firm's** Mailing Address
(PO Box accepted)

_____
APT/Unit # City State Zip Code

7. **Firm's** Contact Numbers

_____ _____ _____
Primary Telephone Alternate Telephone Fax

8. **Firm's** Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

9. **Firm's** Principal Broker Name:

_____ _____ _____ _____
Last First Middle Generation

10. **Firm's** Virginia Principal Broker Real Estate License Number: ☐☐☐☐☐☐☐☐☐☐

11. **Branch Office - New** Information:

A. Branch Office's Virginia Real Estate License Number: ☐☐☐☐☐☐☐☐☐☐

B. Branch Office - **New** Mailing Address
(PO Box accepted)
ADDRESS MUST BE DIFFERENT FROM THE FIRM ADDRESS

_____
APT/Unit # City State Zip Code

C. Branch Office - **New** Street Address
(PO Box not accepted)
PHYSICAL ADDRESS REQUIRED
ADDRESS MUST BE DIFFERENT FROM THE FIRM ADDRESS
☐ Check here if Street Address is the same as the Mailing Address listed above.

_____
APT/Unit # City State Zip Code

D. **Branch Office's** Contact Numbers

_____ _____
Telephone Alternative

12. 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 _____

- If the branch has a PO Box this is the address that will be on the Branch license.
- The branch can use any of the firms designated Trade, "Doing Business As" (DBA) or Fictitious Name(s): but it will not show on the Branch license.

Staple **Original Branch Office License Here**

NO COPIES