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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
BRANCH OFFICE LICENSE APPLICATION
Fee $279.50*

A check or money order payable to the TREASURER OF VIRGINIA,
***or* a completed credit card insert must be sent with your application package.**
APPLICATION FEES ARE NOT REFUNDABLE.

1. Firm/Sole Proprietorship Name _____

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

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

4. Firm's/Sole Proprietor Virginia Real Estate License Number ☐☐☐☐☐☐☐☐☐☐
DO NOT INCLUDE DASHES (1234567890)

5. Firm/Sole Proprietor Mailing Address _____
APT/UNIT # City State Zip Code

6. Firm Contact Numbers
Primary Telephone Alternate Telephone Fax

7. Firm E-mail Address _____
Email 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 Mailing Address
(PO Box accepted)
ADDRESS MUST BE DIFFERENT FROM THE FIRM ADDRESS
_____
APT/Unit # City State Zip Code

11. Branch Office Street Address
PHYSICAL ADDRESS REQUIRED
(PO Box not accepted)
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

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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1022		0226	

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

12. Branch Office Contact Numbers

Primary Telephone _____ Alternate Telephone _____ Fax _____

13. Branch Office Supervising Broker's Name

Last _____ First _____ Middle _____ Generation _____

14. Branch Office Supervising Broker's Virginia Real Estate License Number

DO NOT INCLUDE DASHES (1234567890)

15. By signing this application, I certify the following statements (as indicated by **placing my initials** next to each statement):

_____ 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*.

Supervising Broker's Signature _____ Date _____

Firm Principal Broker's Signature _____ Date _____

- The branch may use any of the firm's designated Trade, "Doing Business As" (DBA), or Fictitious Names; however, these names must be properly licensed with the board and will not appear on the branch license.
- If the Branch has a PO Box this is the address that will be on the Branch license. It will not be sent to the physical location of the branch.
- The supervising broker must be active with the firm. If not, an Activate/Transfer, Initial Broker, or Upgrade Application must be submitted, along with the required fee, before the branch can be issued.