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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
FIRM LICENSE APPLICATION
Fee $384.50*

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.

Sole Proprietor (Broker-owned) businesses are not required to file this application.

1. Firm Name _____

All names must be the same as displayed on government issued ID or organization/business documents.

2. 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*.

3. A. Type of business entity (select only **one**)

☐ Sole Proprietorship (non-broker owned) ☐ 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.

4. 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.*

5. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

_____

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

6. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

If Principal Broker resides in Virginia, you must have a Virginia 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
			1020		0226	

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

7. Contact Numbers _____ _____
Primary Telephone Alternate Telephone

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

9. Is the real estate firm a **limited liability company**?

No ☐

Yes ☐ If yes, provide the following information for each member and managing member of the limited liability company. **Every **managing member** who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.*

Full Name (print name)	Member	Managing Member*	VA Real Estate License No. (if licensed). Otherwise provide an Individual's Social Security No. VA DMV Control No., or Company/Trust Tax ID No.	Actively Participate in VA business?
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐

10. Is the real estate firm a **corporation**?

No ☐

Yes ☐ If yes, provide the following information for each officer and Director from your corporation. **Every **officer** who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.*

- The officers listed below must be consistent with the officers reported to the VA State Corporation Commission (SCC).

Full Name (print name)	Officer's* Title or Director	VA Real Estate License No. (if licensed). Otherwise provide Social Security No. or VA DMV Control No.	Actively Participate in VA business?
			No ☐ Yes ☐
			No ☐ Yes ☐
			No ☐ Yes ☐
			No ☐ Yes ☐
			No ☐ Yes ☐
			No ☐ Yes ☐
			No ☐ Yes ☐
			No ☐ Yes ☐

11. Is the real estate firm a **sole proprietorship (non-broker owned) or partnership**?

No ☐

Yes ☐ If yes, provide the following information for each sole proprietor or partner from your partnership.
Every **sole proprietor (non-broker owned)/partner who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.*

Full Name (print name)	Sole Proprietor	Partner* of Partnership	VA Real Estate License No. (if licensed). Otherwise provide Social Security No. or VA DMV Control No.	Actively Participate in VA business?
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐	No ☐ Yes ☐		No ☐ Yes ☐

Required Attachment: *Attach a copy of the Firm's Partnership Agreement and a copy of the certificate of Partnership issued by the State Corporation Commission (SCC).*

12. Is the real estate firm an **association**?

No ☐

Yes ☐ If yes, provide the following information for each associate from your association. **Every **associate** who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.*

Full Name (print name)	Associate*	VA Real Estate License No. (if licensed). Otherwise provide Social Security No. or VA DMV Control No.	Actively Participate in VA business?
	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐		No ☐ Yes ☐
	No ☐ Yes ☐		No ☐ Yes ☐

13. A. Firm's **Principal Broker** Name:

Last _____ First _____ Middle _____ Generation _____

B. Provide the **Principal Broker's** Social Security and/or VA DMV Control Number✳:

☐ ***Social Security Number*** *and/or* ☐☐☐ - ☐☐ - ☐☐☐☐

☐ ***Virginia*** DMV Control Number ☐☐☐☐☐☐☐☐☐

➢ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

✳ State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles

C. Which of the following **Broker Applications** have been included to complete your application package?

☐ *Broker License Application* (new applicants only)

☐ *Concurrent Broker Application* (existing licensee working for more than one firm)

☐ *Activate/Transfer License Application* (existing licensee who are activating or transferring their license)

Provide your Real Estate license number: ☐☐☐☐☐☐☐☐☐☐

14. 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*.

Firm's Principal Broker's Signature: _____ Date _____

Owner/Officer Signature is required ONLY if the current Principal Broker did not sign above.

Owner/Officer's Name Last _____ First _____ Middle _____ Generation _____

Owner/Officer's Signature _____ Date _____

ATTACHMENTS: Per your response above, check all the documents included with this application package.

☐ Limited Liability Companies must provide a copy of the Operating Agreement (***not*** the Articles of Organization) for verification purposes. (Question #9)

☐ General Partnerships must attach Partnership Agreement and certificate of Partnership issued by the SCC. (Question #11)

☐ Broker Application (Question # 13.C)