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



## Real Estate Board FIRM - NAME AND/OR ADDRESS CHANGE FORM No Fee Required

	Firm Name						
	Trade, "Doing Business As" (DBA) or Fictitious Name(s): (If applicable)						
	Firm's Federal Employer Identification Number *						
	<ul> <li>State law requires every applicant, who is not a sole proprietor or solely owned, LLC; to provide a federal employer identification number.</li> </ul>						
٠.	Firm's Virginia Real Estate License Number: 0 2 2 6						
i.	Firm's Mailing Address (PO Box accepted)						
	City State Zip Code						
	Firm's Contact Numbers						
	Primary Telephone Alternative Telephone Fax						
	Firm's E-mail 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 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.						
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> All DBA names must be registered with the State Corporation Commission.

After completing this form, if the firm's information provided below (Name, DBA name or address) will appear differently on the

11.	Are you	u applying to change to firm's <b>a</b> d	ddress?					
	Yes	If yes, provide the follow	ving information:	1				
	A.	New Mailing Address (PO Box accepted)						
	В.	New Street Address (PO Box not accepted)	City	Check here i	Street Address is the same	e as the Mailing	State Address liste	Zip Code d above.
	Pŀ	HYSICAL ADDRESS REQUIRED						
			City				State	Zip Code
	C.	Firm's Contact Numbers						
	0.		Telephone		Alternative			Fax
12.		ning this application, I certify the I am aware that submitting fals application will delay processin	e information or	omitting	•			ection with this
	•	• 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.						
	•	<ul> <li>During the time period when this request is being processed, a Licensee or an Applicant with your firm mathematical have a pending application in our licensing system. If you receive a license from DPOR with incorrect information (i.e. Firm's name and/or address), it is solely the responsibility of the Principal Broker to destroy such license(s).</li> </ul>						
	Princip	al Broker's Signature		Date				
ATTA	CHMEN	Per the questions above (if applicable).	, check <u>all</u> attac	hment(s)	that have been incl	uded with y	our applio	cation package
		u are a <b>sole proprietor</b> (non-b the State Corporation Commiss		lease sub	mit a copy of the "	Change of	Firm Nam	e" papers filed
		th all license(s) affiliated with the ess has changed and will appea				d) <b>if</b> the firr	n's Name,	DBA name or
INC COL IEC - II I admired	Staple All Original License(s) Here							