This form must be completed by a principal broker or supervising broker who can attest to the applicant's real estate sales experience during the required time-period.

A separate form is required from each principal or supervising broker attesting to the applicant's real estate sales experience during the time-period the licensee worked for the firm listed in Question #3.

Applicants cannot verify their own experience. Out-of-state licensed broker (or sole proprietorship) applicants reciprocating to Virginia may ask a licensee or attorney to attest to their experience.

**Broker Applicants**

18VAC135-20-40.2 and 18VAC135-20-60.7 of the Real Estate Board Regulations require applicants for real estate broker licenses to be actively engaged as a real estate salesperson/broker for 36 of the 48 months immediately preceding their application for licensure.

1. **Applicant's Name**
   - Last
   - First
   - Middle
   - Generation

2. Provide at least one of the following identification numbers:*
   - Social Security Number and/or
   - **Virginia** Department of Motor Vehicles 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.

3. **Firm Name (where experience obtained)**

4. **Firm Real Estate License Number**

5. **Firm Contact Numbers**
   - Primary Telephone
   - Alternate Telephone
   - Fax

6. **Firm Principal Broker or Supervising Broker's Name**
   - Last
   - First
   - Middle
   - Generation

7. **Verifier**: I am completing this experience verification form as an:
   - Attorney
   - Licensee from the State of
   - my License No. is

8. **Out of State Verifier**:
   - I, ____________________________________________, Printed Name of Verifier
   - certify that the above-named applicant was employed by, or associated with, the real estate firm listed above; and has been actively engaged (active licensure with the licensed real estate firm or sole proprietorship in performing those activities defined in §54.1-2100 - §54.1-2101 of the Code of Virginia) for an average of at least 40 hours per week. I also certify that I have direct knowledge of the applicant's activities.
   - (Number of Months) from ______/____/____ to ______/____/____ (Complete for each active period)
   - Verifier's Signature _____________________________________________ Date ______________

   Verifier's Contact Numbers
   - Primary Telephone
   - Alternate Telephone
   - Fax