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 BROKER ACTIVATE/TRANSFER APPLICATION Fee \$90.00

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.

Select one of the following:

Action

X

3020

		_ <i>A</i>	i ctivation of Brokei	License			
			<i>ransfer</i> of Broker L	icense			
	You must hold a <u>non-expired</u> Virg must RENEW or REINSTATE you				pplication. If you	ır license h	as expired, you
1.	Enter your current Virginia Real Estate Broker License number and expiration date below.						
	Virginia License Number				Expiration Dat	e	
2.	Legal Name		First		Middle		Generation
3.	Provide at least <u>one</u> of the follow Social Security Number	ving identif and/or	*		-	-	Contraction
		otor Vehicle	es Control Number				
	 Enter the same identification nu State law requires every applicant issued by the Commonwealth to pro 	for a license,	certificate, registration or	other authorization	to engage in a busine	ess, trade, profe	ession or occupation
4.	Applicant Mailing Address (PO Box accepted)						
5.	Applicant Street Address RESIDENTIAL (PHYSICAL) ADDRESS REQUIRED (PO Box not accepted)			et Address is the <u>san</u>	ne as the Mailing Addr		
6.	Applicant's Contact Numbers		City			State	Zip Code
0.	Applicant's Contact Numbers		Primary Telephone	Alte	rnate Telephone		Fax
7.	Applicant's E-mail Address		E-mail address is con	sidered a public reco	d and will be disclose	d upon request	from a third party.
8.	What license type do you curren Associate Broker If you are a Principal Broker or S	•	☐ Principal Broke or and the firm is closing			Proprietorshoard office.	nip [*]
FICE	DATE FEE	TRANS CODE	ENTITY#	000=	FILE #/LICENSE #		ISSUE DATE
Ε -		3020		0225			

ONLY

9.	vvnat license ty ☐ Associate		s activate/transfer application? ☐ Principal Broker+ ☐ Sole Pro	prietorship			
	· 	_	th has a <u>current</u> Virginia license, you must submit a <u>Fi</u>	·			
		rm prior to the Board issuing yo		III T TITIOIPAL BIORCI/OTICCI			
10.	Do you hold any	o you hold any other <u>concurrent</u> Virginia Real Estate Broker licenses?					
	No 🗌	·					
	Yes 🗌 If	yes, complete the following	table.				
		Associate Broker (AB),					
Brok	Broker's License No. Sole Proprietorship (SP),		Firm's Name & Trade Name	Firm's License Number			
		or Principal Broker (PB)					
		AB SP PB					
		AB SP PB L					
		AB SP PB L					
		AB SP PB					
		AB SP PB					
		AB ☐ SP ☐ PB ☐ ☐					
11.	Firm/Sole Propr	ietorship information with wh	nom your license will be <i>active</i> :	1			
11.	•	roprietorship Name	ioni your neerise will be active.				
	7 1, 20.0 1	opnotoromp riamo					
	B. Assumed or Fictitious Name						
	Fig. 7. If a <u>new</u> assumed/fictitious name is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursua to §59.1-69 of the Code of Virginia must be attached to this application.						
	C. Is the Real B	Estate Firm/Sole Proprietors	hip listed above a <u>new</u> business in Virginia?				
	No 🗌	•	broker-owned sole proprietorship, the firm must subm	it a complete Firm License			
	Yes	Application prior to the board	d issuing this license.				
	D. Firm/Sole Proprietor Virginia Real Estate License Number			LIDE DACLIES (4224567900)			
	E Firm/Cala D	vonviotov Mailina Addusos	DO NOT INC	LUDE DASHES (1234567890)			
	E. FIRM/Sole P	roprietor Mailing Address	-				
			City	State Zip Code			
	E Eirm/Solo D	ropriotor Ctroot Addrson	Check here if the Street Address is the <u>same</u> as the Mailing Address listed above.				
	F. Firm/Sole Proprietor Street Address PHYSICAL		Griode in the choose real of the game at the in	alling / laarooc liotoa abovo.			
		SS REQUIRED					
	(PO Box	not accepted)	City	State Zip Code			
	C Firm/Solo D	ronriator Cantaat Numbera	Gity	Claic Zip Code			
	G. FIIIII/Sole Pi	roprietor Contact Numbers	Primary Telephone Alternate Telephone	Fax			
	H. Firm/Sole P	roprietor E-mail Address					
		Τ	(If this is a new Firm/Sole Proprietorship, the e-mail address mus	st be unique to this entity. It also			
	I Eirm/Cala D	ropriotor Principal Prokada N	must be different from the e-mail address listed in question #7.)				
Firm/Sole Proprietor Principal Broker's Name			Name				
	Last		 Middle	Generation			
		oker's Virginia Real Estate L		23			

DO NOT INCLUDE DASHES (1234567890)

12.	If you are go	ing to be an Associate Broker, will you If no, go to Question #13.	be affiliating with a Brar	nch Office of the firm I	listed above?			
	Yes 🗌	If yes, provide the following Branch (Office information:					
		A. Branch Office Virginia Real Esta	A. Branch Office Virginia Real Estate License Number DO NOT INCLUDE DASHES (1234567890)					
		B. Branch Office Mailing Address						
			City		State Zip Code			
		C. Branch Office Contact Numbers	Primary Telephone	Alternate Telephone	Fax			
		D. Branch Office Supervising Broke	• •					
		Last	First	Middle	Generation			
		E. Branch Supervising Broker's VA	Real Estate License Nur	mber				
13.	have you even body? No Yes	rer been subject to a disciplinary action If yes, complete a Disciplinary Action		g Virginia) local, state	e or national regulatory			
14.A.	•	er been convicted or found guilty, regard felony? Any plea of nolo contendere If yes, complete a Criminal Conviction reported to the Board.	shall be considered a co	onviction.				
В	States of a n	een convicted or found guilty, regardle in the past five years? Any plea of note of the post five years? Any plea of note of the post five years? Any plea of note of the post five years?	ude, sexual offense, no contendere shall be cons	n-marijuana drug di sidered a conviction.	istribution or physical			
15.	Have you ev No Yes	er violated a fair housing law in any juit If yes, attach a certified copy of the court or regulatory agency with lawfu	e final order, decree, ca	ase decision or conci	•			
Real E Depart in-fact, appear	state License, ment of Profes in your stead, ance on your	ation, you acknowledge that if you are no you understand that this application serve sional and Occupational Regulation, and upon whom all legal process against an behalf in any case or proceedings arisi y agree that any lawful process against y	es as a written power of a his/her successors in office d notice to you may be se ing out of the trade or pr	ttorney, whereby you a e, to be your true and la erved and who is hereb ofession practiced; and	appoint the Director of the awful agent and attorney- by authorized to enter an d that by submitting this			

same legal force and validity as if served upon you.

- 16. By signing this application, I certify the following statements:
 - The foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. Furthermore, 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 including, but not limited to, any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department of Professional and Occupational Regulation (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 and requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - 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.
 - I have a good reputation for honesty, truthfulness, and fair dealing, and am competent to transact the business of real estate broker or real estate salesperson in such a manner as to safeguard the interests of the public.
 - If I am transferring my license, I affirm I have notified my <u>current</u> broker of the fact that I am leaving his/her firm.

Applicant's Signature	Date					
For all applicants who will be affiliated with a current licensed firm/sole proprietorship: Broker's Statement (to be completed by either the principal or supervising broker with <u>signatory authority</u> who will be responsible for the applicant's real estate activities)						
I, authorize	I, authorize					
Print Name of Principal or Supervising Broker to apply to transfer his/her license with the real estate firm listed on this application. I affirm I verified the applicant's license has not expired, I have reviewed the application as well as the answers provided by the applicant and the application is complete. It is my opinion that said licensee is honest, truthful and of good reputation and that he/she is competent to transact the business of a real estate broker in such a manner as to safeguard the interest of the public. I certify that I will actively supervise and train the licensee during the period the licensee is under my supervision and I hereby assume responsibility effective as of the date indicated below for the above-named licensee pursuant to Title 54.1, Chapter 21, of the Code of Virginia and the Real Estate Board Regulations.						
Principal or Supervising Broker's Signature	Date					
Principal Broker Broker's Virginia Real Estate License Number	DO NOT INCLUDE DASHES (1234567890)					
The activating/transferring salesperson must first sign and date this application prior to the Prior signing and dating this application.	incipal/Supervising Broker/Sole Proprietor					
Applications cannot be processed and licenses activated if signatures are not placed of	on the application in the proper order.					
ATTACHMENTS: (Check the attachments included with this application)						
\square All new Assumed/Fictitious names must attach a copy of the certificate filed with the Clerk of	of the State Corporation Commission.					
\Box If applying to become a Principal Broker of an existing firm, a completed Firm Principal Bro Question #9)	ker/Officer Change Form is required. (See					
If the new firm is one of the following: Corporation, Limited Liability Company, Limited Paowned), General Partnership, or Association, a completed Firm License Application is require						
Disciplinary Action Report Form(s) and all attachments. (See Question #13)						
Criminal Conviction Reporting Form(s) and all attachments. (see Question #14)						