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 LICENSE APPLICATION

## All applicants must pass the Virginia Real Estate Board examination prior to applying for this license.

Contact PSI for all exam information at www.psiexams.com

		C	ontact PSI for a	ali exam information	at <u>www</u>	v.psiexam.	<u>s.com</u> .					
>	Your completed application must be submitted within 1 year of the initial examination date when you <u>originally</u> took the examination. If all applications and fees are not received within 1 year from the original examination date, re-examination will be required.											
	Have you graduated from high school or obtained a GED?											
	Yes No If no, you are <u>not</u> qualified to hold a broker license in Virginia. Section 54.1-2105.B.2.a of the <i>Code</i>						Code					
	_			es all real estate brol					nool dip	oloma or	its equival	lent.
				rder payable to the								
		or a complet		<u>insert</u> must be mai TION FEES ARE NO				раск	age.			
			_	Select <u>one</u> of the fo	_							
		Х	1		ownig	Fee	Trans					
			Broker licer	nse by <u>examination</u>		\$285.00*	1020					
				nse by <u>reciprocity</u>		\$285.00*	1020					
				erson <i>upgrading</i> to B	Broker	\$120.00	3055					
		* loit				-		]				
		iriit	iai ree includes i	Real Estate Transaction	i Recove	ery Fund As	sessment					
1.	•	n <u>active</u> or <u>inac</u>	<u>tive</u> Virginia R	eal Estate Salespe	rson Lie	cense?						
	No 🗌											
	Yes	If yes, provide	your license n	umber and expirati	on date	below.						
		Virginia License	e Number	0 2			Expirati	on D	ate			
2.	Logal Namo											
۷.	Legal Name	Last		First			Middle				Gene	ration
3.	Professional N	lame (if applica	ble)									
0.		( -		r last name of your legal n	ame must	be included	in your pro	fessior	nal name	. (i.e. Johr	D., or J. Do	e)
4.	Provide at leas	st <b>one</b> of the fol	llowina identifi	cation numbers*:								
		ecurity Number					П	]		] - [		٦
	<del></del>	·		0 ( 1N )			$\vdash$	J L	+			_
	<u> Virginia</u>	Department of	Motor Venicle	es Control Number								
											34567890)	
				d on examination, previous								
				certificate, registration or security number or a control								upation
5.	Date of Birth			ust be at least 18 yea			Ü					
5.	Date of Birth	MM/DD/YY		,		,						
^	A a a P a a a Ha NA a											
6.	Applicant's Ma (PO Box a											
	(. o box e	ισοσρισα		O:L							7:- 0	
				City					St	ate	Zip Code	е
	DATE	FEE	TRANS CODE	ENTITY#		F	ILE #/LICENS	SE#			ISSUE DA	ATE
OFFICE USE					022	5						
ONLY	1	1		1		-					1	

7.	Applicant's Si RESIDENTIAL ADDRESS I (PO Box no	. (PHYSICAL) REQUIRED		Address is the <u>same</u> as the Mailing Add	ress listed above.				
			City		State Zip Code				
8.	Applicant's C	ontact Numbers	Primary Telephone	Alternate Telephone					
9.	Applicant's E-	-mail Address							
40				a public record and will be disclosed upo					
10.			do you hold any <u>current</u> or <u>ex</u> Occupational regulation? (This						
	Yes	If yes, provide yo	provide your information below:						
			Type of License	VA License No.	Expiration Date				
	No	•	question #12. the following table and provious ach jurisdiction (dated within t	•					
			State/Jurisdiction	License, Certification Registration Numb					
		1) the licer 4) the mea	ns of Licensure/Letter of Good Standarse/certification/registration number; ins of obtaining licensure (i.e. exam, undetermined finding. ONLY original	2) the initial date of licensure; 3) the reciprocity, etc.); and 5) all closed	ne expiration date of the license;				
В	180 hours or requirements Education red	current license (ex f broker pre-licens in Virginia? quirements in Virgi	cluding Virginia) and you are a see education course(s) that a nia are in accordance with the Real Estate Board/Education	applying by reciprocity, have your substantially equivalent to Code of Virginia §54.1-2105	to those license education				
	No 🗌	ggor							
			ginal or certified transcript, Edier documentation certifying the						

12.	Have you been actively engaged as a real estate licensee for at least 40 hours per week during 36 of the 48 months immediately preceding the date of this application?  No							
	Yes If yes, complete the appro Out-of-State Experience V		orm(s): <u>In-State Exp</u>	erience Veri	ification Form or			
13.	Are you applying for active license star	tus with a licensed real estate firm	m or sole proprietor?					
	No	. You will be issued an <u>inactive</u> l	icense.					
14.	What type of broker license are you red Associate Broker Principal Broker ← Sole Proprietorship (Broker-Owned) ← If the firm your license will be affiliat Change Form prior to the Board issu	ed with has a <u>current</u> Virginia licer	nse, you must submit a	a Firm Princi	pal Broker/Officer			
15.	Firm/Sole Proprietorship information wi	ith whom your license will be act	ive:					
Α	. Firm/Sole Proprietorship Name							
В	Assumed or Fictitious Name							
	All sole proprietorships with an assumed/fictitious name much attach a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the Code of Virginia.							
С	. Is the Real Estate Firm/Sole Proprietor  No  Yes If yes, and the firm is not  Application prior to the boa	a broker-owned sole proprietors	•	bmit a comp	lete Firm License			
D	. Firm's/Sole Proprietor's Virginia Real E	•	0 2 2 6 DO NOT INCLUDE	DASHES (1234:	567890)			
Е	. Firm/Sole Proprietor's Mailing Address							
		City		State	Zip Code			
F	Firm/Sole Proprietor's Street Address PHYSICAL ADDRESS REQUIRED (PO Box not accepted)	Check here if Street Address is the Si	ame as the Mailing Address	listed above.				
		City		State	Zip Code			
G	. Firm/Sole Proprietor's Contact Number	Primary Telephone	Alternate Telephone		Fax			
Н	Firm/Sole Proprietor's E-mail Address	(If this is a new Firm/Sole Proprieto It also must be different f						
l.	Firm/Sole Proprietor's Principal Broker	s Name						
	Last	First	Middle		Generation			
J.	Principal Broker's Virginia Real Estate	License Number	0 2 2 5 DO NOT INCLUDE	DASHES (1234)	567890)			

16. If y	vou are go No ☐ Yes ☐	ing to be an Associate Br If no, go to Question #1 If yes, provide the follow	7.	•	a Branch Office of the firm lis	ted above?
		A. Branch Office Virgin	•		o 2 2 6	DE DASHES (1234567890)
		B. Branch Office Mailir	ng Address			
			C	ity		State Zip Code
		C. Branch Office Conta	act Numbers _	Primary Teleph	none Alternate Telephone	Fax
	D. Branch Office Supervising Broker's Name					
		Last	First			Generation
		E. Branch Supervising		Estate Licen	se Number 0 2 2 5	DE DASHES (1234567890)
	ve you ev dy?	ver been subject to a disc	ciplinary action tak	en by any (ir	ncluding Virginia) local, state	
	No  Yes	If yes, complete a Disci	plinary Action Rep	oorting Form.		
Sta I		er been convicted or four y <u>felony</u> ? Any plea of nolo			ner of adjudication, in any juri ed a conviction.	isdiction of the United
Sta <u>inj</u> u I	ates of a <u>n</u>	nisdemeanor involving	moral turpitude,	sexual offen	er of adjudication, in any juris use, non-marijuana drug dist pe considered a conviction.	
C. If y	ou answe	red "yes" to either question	on 18.A or 18.B, c	omplete the f	following table for each convic	tion:
State/Juris	sdiction	Conviction*	Type of Conviction	Date of Conviction	Disposition (probation, parole, fine, sentence, etc.)	
			Felony Misdemeanor			☐ Incarcerated ☐ On Probation ☐ On Parole
			Felony Misdemeanor			Incarcerated On Probation On Parole
			Felony Misdemeanor			Incarcerated On Probation On Parole
foreign c	convictions.		y, a plea of guilty, or		ctions (including moving traffic viola contendere (or "no contest"), convict	
		E any violations adjudicated a adjudication withheld, deferred			em, a convictions pardoned, set as erative.	side, reversed, expunged,
I	No 🗌	er violated a fair housing				
,	Yes	•			ree, case decision or concilia e such order, decree, decision	•

20.	All applicants for <u>initial licensure</u> are <u>required to submit a set of fingerprints</u> for the purpose of conducting a search of the state and national fingerprint-based criminal history record. Have you submitted a set of your fingerprints?  NA
	<ul> <li>No</li></ul>
a Virgi appoin your tr served trade o	ning this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold nia Real Estate License, you understand that this application serves as a written power of attorney, whereby you to the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be use and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the profession practiced; and that by submitting this application you hereby agree that any lawful process against you served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.
21.	By signing this application, I certify the following statements (as indicated by placing my initials next to each
	statement):  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 <i>Code of Virginia</i> and the <i>Virginia Real Estate Regulations</i> .
	I have a high school diploma or GED and 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.
	I understand that even if the Board issues a license based on this application, this application will be incomplete if the Virginia Central Criminal Records Exchange (CCRE) notifies the Board that the submitted fingerprints cannot be processed for any reason. I agree to complete the application by submitting new fingerprinting through an approved vendor within 21 days of being notified by the Board that the CCRE was unable to process my fingerprints.
	Applicant's Signature Date

22.	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 signatory authority who will be responsible for the applicant's real estate activities)							
	I, authorize							
I, authorize authorize Applicant's Name to apply for a license as a real estate <i>broker</i> with the real estate firm listed on this application; and I hereby a responsibility for the licensee pursuant to Title 54.1, Chapter 21, of the <i>Code of Virginia</i> and the <i>Real Estate Regulations</i> . I affirm I have reviewed the application as well as the answers provided by the applicant a application is complete.								
	Principal or Supervising Broker's Signature Date							
	Principal Broker Supervising Broker  Broker's Virginia Real Estate License Number  O 2 2 5 DO NOT INCLUDE DASHES (1234567890)							
ATTA	ACHMENTS: (Check the attachments included with this application)							
	All Sole Proprietorships with DBA and fictitious names must attach a copy of the certificate filed with the Clerk of the Court.							
	Original Certification(s) of Licensure/Letter(s) of Good Standing dated within 60 days of application receipt. Certifications of Licensure/Letters of Good Standing are only good for 60 days following application receipt. (See Question #11.A)							
	Original or certified transcript, Education Certification, Certification of Completion, License Certification or other documentation verifying the completion of all required real estate course(s). (See Question #11.B)							
	Completed Experience Reference Form(s). A separate experience form is required from each firm you worked for during 36 of the preceding 48 months. (See Question #12)							
	☐ If applying to become a Principal Broker of an existing firm, a completed Firm Principal Broker/Officer Change Form is required. (See Question #14)							
	☐ If the new firm is one of the following: Corporation, Limited Liability Company, Limited Partnership, Sole Proprietorship (non-broker owned), General Partnership, or Association, a completed Firm License Application is required. (See Question #15.C)							
	☐ Disciplinary Action Reporting Form(s) and all required attachments. (See Question #17)							