



**Real Estate Board  
 BRANCH AFFILIATION 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:

X	Action
<input type="checkbox"/>	<b>Add Affiliation</b>
<input type="checkbox"/>	<b>Change Affiliation</b>

► You must hold a **non-expired** Virginia Real Estate License to use this application. If your license has expired, you must **RENEW** or **REINSTATE** your license prior to submitting this application. This application is NOT required when you activate or transfer a license.

1. Enter your current Virginia Real Estate License Number and expiration date below.

Virginia License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

2. Legal Name \_\_\_\_\_  
Last First Middle Generation

3. Provide at least **one** of the following identification numbers\* :

- Social Security Number **or** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 **Virginia** Department of Motor Vehicles Control Number \_\_\_\_\_ Social Security or VA DMV Number (123-45-6789)

► 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.

4. Applicant's Mailing Address \_\_\_\_\_  
 (PO Box accepted)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Applicant's Street Address \_\_\_\_\_  
**RESIDENTIAL (PHYSICAL)  
 ADDRESS REQUIRED**  
 (PO Box not accepted)

Check here if Street Address is the same as the Mailing Address listed above.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Applicant's Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

7. Applicant's E-mail Address \_\_\_\_\_

OFFICE USE ONLY	DATE	FEE	TRANS CODE <b>5020</b>	ENTITY #	FILE #/LICENSE # <b>0225</b>	ISSUE DATE
-----------------------	------	-----	---------------------------	----------	---------------------------------	------------

► You must have an active license with the firm with whom the branch is affiliated.

8. Firm/Sole Proprietorship information with whom the branch is affiliated:

A. Firm/Sole Proprietorship Name

\_\_\_\_\_

B. Trade, "Doing Business As" (DBA) or Fictitious Name

\_\_\_\_\_

C. Firm/Sole Proprietor Virginia Real Estate License Number

DO NOT INCLUDE DASHES (1234567890)

D. Firm/Sole Proprietor Mailing Address

\_\_\_\_\_  
City State Zip Code

E. Firm/Sole Proprietor Street Address

Check here if Street Address is the same as the Mailing Address listed above.

**PHYSICAL  
ADDRESS REQUIRED**  
(PO Box not accepted)

\_\_\_\_\_  
City State Zip Code

F. Firm/Sole Proprietor Contact Numbers

\_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

G. Firm/Sole Proprietor E-mail Address

\_\_\_\_\_

H. Firm/Sole Proprietor Principal Broker's Name

\_\_\_\_\_  
Last First Middle Generation

I. Principal Broker's Virginia Real Estate License Number

DO NOT INCLUDE DASHES (1234567890)

9. Branch office information with whom the applicant will be affiliated

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 Street Address

Check here if Street Address is the same as the Mailing Address listed above.

**PHYSICAL  
ADDRESS REQUIRED**  
(PO Box not accepted)

\_\_\_\_\_  
City State Zip Code

D. Branch Office Contact Numbers

\_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

E. Branch Office Supervising Broker's Name

\_\_\_\_\_  
Last First Middle Generation

F. Branch Supervising Broker's Virginia Real Estate License Number

DO NOT INCLUDE DASHES (1234567890)

10. 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 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 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

11. For all applicants who will be affiliated with a current licensed branch:

**Broker's Statement** (to be completed by either the supervising or principal broker of the branch who will be responsible for the applicant's real estate activities)

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Print Name of Supervising or Principal Broker Applicant's Name

to apply to affiliate his/her license with the branch listed on this application. I affirm I verified the applicant's license has not expired, I have reviewed the application 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*.

Supervising or Principal Broker Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Broker  Broker's Virginia Real Estate License Number \_\_\_\_\_  
Principal Broker  DO NOT INCLUDE DASHES (1234567890)

The affiliating salesperson must first sign and date this application **prior to** the Supervising/Principal Broker/Sole Proprietor signing and dating this application.

**Applications cannot be processed and licenses affiliated if signatures are not placed on the application in the proper order.**