



**Department of Professional and Occupational Regulation
 PORTABILITY OF PROFESSIONAL LICENSES OF SERVICEMEMBERS AND THEIR SPOUSES**

For Servicemembers and their Spouses

When a Servicemember and their spouse are required to relocate due to Military orders, their current license/certificate may be recognized in the Commonwealth of Virginia if they provide the following:

1. provides a copy of the military orders;
2. remains in good standing with all jurisdictions where the individual has been licensed in their profession; and
3. in order to maintain a license, there could be Continuing Education (CE) requirements that must be fulfilled.

1. What type of license are you requesting? (Only one request per form.) _____

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

_____ Last (required) First (required) Middle Generation

3. Provide the following identification number(s)*:

Social Security Number and/or - -

Virginia DMV Control Number

* 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. Date of Birth _____
MM/DD/YYYY

5. Maiden or Former Name(s) _____

6. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license.

City State Zip Code

7. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City State Zip Code

8. Contact Numbers _____
Primary Telephone Alternate Telephone

9. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
		NO FEE	1050			

10. Do you hold a current or expired license, certification or registration issued by any jurisdiction (excluding Virginia)?
- No **If no, you do not qualify for this type of license.** Applying using the license application.
- Yes If yes, complete the following table. An original Certification of Licensure/Letter of Good Standing from each jurisdiction may be requested by DPOR during application review.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

11. I certify that I am in compliance with [Sec. 19 - Title VII of the Servicemembers Civil Relief Act](#), and I currently hold the same or similar license/certificate required to practice my profession/occupation in the Commonwealth of Virginia.

Signature _____ Date _____

OPTIONAL ATTACHMENTS: For Real Estate Salesperson/Broker applicants only

- For Real Estate Salesperson applicants, if you are applying for active license status with a licensed real estate firm or sole proprietor, please complete and attach a [Salesperson Activate/Transfer Application](#). Please do not include the \$60 application fee.
- For Real Estate Broker applicants, if you are applying for active license status with a licensed real estate firm or sole proprietor, please complete and attach a [Broker Activate/Transfer Application](#). Please do not include the \$60 application fee.