

**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

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Virginia DMV Control Number

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* 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) _____
PHYSICAL ADDRESS REQUIRED

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

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 NO FEE	TRANS CODE 1050	ENTITY #	FILE #/LICENSE #	ISSUE DATE
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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.