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 BRANCH OFFICE - ADDRESS CHANGE FORM No Fee Required

,	You mu	ist attach the <u>current</u> Br	anch Office licen	se befor	e this NEW request	can be processe	d.		
1.	Firm's	Name							
2.	Trade	Trade, "Doing Business As" (DBA) or Fictitious Name(s): (If applicable)							
3.	Firm's Federal Employer Identification Number:								
4.	Firm's	Firm's Virginia Real Estate License Number:							
5.		s Mailing Address O Box accepted)	_						
^	F:	- Cantast Numbers	City				State	Zip Code	
6.		Firm's Contact Numbers  Primary Telepho		one	Alternate Telephone		F	ax	
7.	Firm's	<b>s</b> Email Address	Email addraga is	a consider	ed a public record and w	ill ha diaglaced upon	request from a	third party	
8.	Firm's	s Principal Broker Name						a ma party.	
	Last		First			Middle		Generation	
9.	Firm's	s Virginia Principal Brok	er Real Estate Li	cense N	umber:				
0.	Brand	ch Office - New Informa	ation:						
	A. Branch Office's Virginia Real Estate License Number:								
	В.	Branch Office - <b>New</b> M (PO Box acce			ADDRESS MUST BE	E DIFFERENT FROM	I THE FIRM AD	DRESS	
				City			State	Zip Code	
	C.	Branch Office - <b>New</b> S (PO Box <u>not</u> ac PHYSICAL ADDRESS	cepted)	ADDRESS MUST BE DIFFERENT FROM THE FIRM ADDRESS  Check here if Street Address is the <a href="mailto:same">same</a> as the Mailing Address listed above.					
				City			State	Zip Code	
	D.	Branch Office's Conta	act Numbers		Telephone	Altern	native	-	

- 11. By signing this application, I certify the following statements:
  - 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, certification, or registration.
  - I authorize the 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 or 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.

Principal Broker's Signature	Date	
Required Attachments:	You must attach the current Branch Office (paper) processed.	license before this NEW request will be

Staple Original Branch Office License Here

NO COPIES