

Real Estate Board  
FIRM LICENSE APPLICATION  
Fee \$370.00

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.

Sole Proprietor (Broker-owned) businesses are not required to file this application.

1. Firm Name \_\_\_\_\_  
All names must be the same as displayed on government issued ID or organization/business documents.
2. Assumed or Fictitious Name<sup>©</sup> \_\_\_\_\_  
© If an **assumed/fictitious name** is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to [§59.1-69](#) of the *Code of Virginia* must be attached to this application.
3. A. Type of business entity (select only **one**)  
☐ Sole Proprietorship (non-broker owned) ☐ General Partnership ☐ Solely Owned LLC ☐ Corporation  
☐ Limited Partnership ☐ Limited Liability Company ☐ Other, please specify: \_\_\_\_\_  
**Other:** Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.
- B. State Corporation Commission (SCC) Number: \_\_\_\_\_ (If applicable)  
Ø All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No **person, partnership, limited liability company or corporation** shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.  
For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.
4. Provide **one** of the following identification numbers\*:  
☐ Business Federal Employer Identification Number (EIN) - -  
☐ Sole Proprietor's/Individual's Social Security Number and/or - -  
☐ **Virginia** Department of Motor Vehicles Control Number  
➤ Enter the same identification number as used on previous applications or licenses on file with the department.  
\* State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.
5. Mailing Address (PO Box accepted) \_\_\_\_\_  
The mailing address will be printed on the license.  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. Street Address (PO Box not accepted) \_\_\_\_\_  
PHYSICAL ADDRESS REQUIRED  
If Principal Broker resides in Virginia, you must have a Virginia Address.  
☐ Check here if Street Address is the same as the Mailing Address listed above.  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

BOARD USE ONLY	SCC NO.		ISSUE DATE	ACTIVE No <input type="checkbox"/> Yes <input type="checkbox"/>	TRADE NAME REGISTERED No <input type="checkbox"/> Yes <input type="checkbox"/>	DATE
	DATE	FEE	TRANS CODE 1020	ENTITY #	FILE #/LICENSE # 0226	ISSUE DATE

## 7. Contact Numbers

Primary Telephone

Alternate Telephone

## 8. Email Address

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

- The email address provided above will be used for the Firm's online profile with DPOR. It can **not** be used by any other individual's license holder or other firms registered with DPOR or the Real Estate Board. The email address provided must be unique to this firm's license.

9. Is the real estate firm a **limited liability company**?No ☐

Yes ☐ If yes, provide the following information for each member and managing member of the limited liability company. ***\*Every managing member who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.***

Full Name (print name)	Member	Managing Member*	VA Real Estate License No. (if licensed). Otherwise provide an Individual's Social Security No. VA DMV Control No., or Company/Trust Tax ID No.	Actively Participate in VA business?
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
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	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>

10. Is the real estate firm a **corporation**?No ☐

Yes ☐ If yes, provide the following information for each officer and Director from your corporation. ***\*Every officer who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.***

- The officers listed below must be consistent with the officers reported to the VA State Corporation Commission (SCC).

Full Name (print name)	Officer's* Title or Director	VA Real Estate License No. (if licensed). Otherwise provide Social Security No. or VA DMV Control No.	Actively Participate in VA business?
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>

11. Is the real estate firm a **sole proprietorship (non-broker owned)** or partnership?

No ☐

Yes ☐ If yes, provide the following information for each sole proprietor or partner from your partnership.

*\*Every **sole proprietor (non-broker owned)/partner** who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.*

Full Name (print name)	Sole Proprietor	Partner* of Partnership	VA Real Estate License No. (if licensed). Otherwise provide Social Security No. or VA DMV Control No.	Actively Participate in VA business?
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
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	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>

**Required Attachment:** Attach a copy of the Firm's Partnership Agreement and a copy of the certificate of Partnership issued by the State Corporation Commission (SCC).

12. Is the real estate firm an **association**?

No ☐

Yes ☐ If yes, provide the following information for each associate from your association. *\*Every **associate** who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.*

Full Name (print name)	Associate*	VA Real Estate License No. (if licensed). Otherwise provide Social Security No. or VA DMV Control No.	Actively Participate in VA business?
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
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	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>

13. A. Firm's Principal Broker Name:

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

B. Provide the **Principal Broker's** Social Security and/or VA DMV Control Number\*:

☐ **Social Security Number** and/or - -

☐ **Virginia** DMV Control Number

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* State law requires every applicant, who is not a sole proprietor (non-broker owned) or solely owned LLC, to provide a federal employer identification number. Sole proprietor (non-broker owned) or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

C. Which of the following **Broker Applications** have been included to complete your application package?

☐ **Broker License Application** (new applicants only)

☐ **Concurrent Broker Application** (existing licensee working for more than one firm)

☐ **Activate/Transfer License Application** (existing licensee who are activating or transferring their license)

Provide your Real Estate license number:

14. 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*.

Firm's Principal Broker's Signature:

\_\_\_\_\_  
Date

**Owner/Officer Signature is required ONLY if the current Principal Broker did not sign above.**

Owner/Officer's Name

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

Owner/Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENTS:** Per your response above, check all the documents included with this application package.

- ☐ All businesses with an assumed/fictitious name must attach a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to [§59.1-69](#) of the Code of Virginia. - question #2
- ☐ Limited Liability Companies must provide a copy of the Operating Agreement (**not** the Articles of Organization) for verification purposes. (Question #9)
- ☐ General Partnerships must attach Partnership Agreement and certificate of Partnership issued by the SCC. (Question #11)
- ☐ Broker Application (Question # 13.C)