

**Real Estate Appraiser Board**  
**BUSINESS REGISTRATION APPLICATION**  
**Fee \$160.00**

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.**

- If the business registration has been *expired* for more than 30 days, you must **reinstate**. If the business registration has been expired for more than 2 years, you must **reapply**.

1. Have you ever held a current or expired Business Entity license with the Virginia Real Estate Appraiser Board?

No ☐

Yes ☐ If yes, provide your license number and expiration date below:

VA License Number 

4	0	0	8						
---	---	---	---	--	--	--	--	--	--

 Expiration Date \_\_\_\_\_

2. Business Entity/Sole Proprietor Name \_\_\_\_\_

- A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name.  
 All names must be the same as displayed on government issued ID or organization/business documents.

3. 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.

4. A. Type of business entity (select only **one**)

☐ Sole Proprietorship ☐ General Partnership <sup>★</sup> ☐ 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)

- 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.

- ★ **General Partnerships** should attach recording data or a certificate of partnership issued by the Virginia State Corporation Commission (SCC).

5. Provide **one** of the following identification numbers<sup>\*</sup>:

☐ Business Federal Employer Identification Number (EIN)

--	--	--	--	--	--	--	--	--	--

 - 

--	--	--	--	--	--	--	--	--	--

Federal Employer Identification Number (12-3456789)

☐ Sole Proprietor's/Individual's Social Security Number **and/or**

--	--	--	--

 - 

--	--

 - 

--	--	--	--	--	--

☐ Virginia Department of Motor Vehicles Control Number

--	--	--	--	--	--	--	--	--	--

Social Security or Virginia DMV Number (123-45-6789)

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

- <sup>\*</sup> 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.

BOARD USE ONLY	SCC	ISSUE DATE	TRADE NAME REGISTERED No <input type="checkbox"/> Yes <input type="checkbox"/>	DATE
Office Use Only	DATE	FEE	TRANS CODE  1020	ENTITY #  4008
		FILE #/LICENSE #		ISSUE DATE

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.

10. Provide the following information for a Virginia licensed/certified real estate appraiser who will serve as the contact person for this business entity:

Name

Virginia License Number

--	--	--	--	--	--	--	--	--	--

11. Provide the following information for the registered agent, an associate, or a partner of the business entity applying for this registration:

A. Name

Last

First

Middle

Generation

B. Title

C. Mailing Address (PO Box accepted)

(Residential Address)

City

State

Zip Code

12. I, the undersigned, certify that 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. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 20.1, of the *Code of Virginia* and the *Virginia Real Estate Appraiser Board Regulations*.

Signature

Date

(Individual named in question #10.)