

Real Estate Board
FIRM NAME/ADDRESS CHANGE FORM
No Fee Required

- ▶ A copy of your amended "Certificate of Authority" issued by the State Corporation Commission. If you are a sole proprietor, you can submit the "Change of Firm Name" papers with the Clerk of the Court in your jurisdiction.
- ▶ You must **attach all license affiliated with the firm** before the NEW firm name and/or address change is processed.

1. Firm Name _____
2. Trade, "Doing Business As" (DBA) or Fictitious Name(s) [▲] _____

If applying as a sole proprietor (Broker-owned) business, include name under which the business is to be organized and conducted.

[▲] All business entities with DBA and Fictitious names must attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if required by the locality).

3. Firm's Federal Employer Identification Number

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❖ State law requires every applicant, who is not a sole proprietor, to provide a federal employer identification number.

4. Firm's Virginia Real Estate License Number:

0	2	2	6						
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5. Firm's Mailing Address
(PO Box accepted) _____

City State Zip Code

6. Firm's E-mail Address _____
7. Firm's Contact Numbers
Primary Telephone Alternative Telephone Fax

8. Firm's Principal Broker Name:
Last First Middle Generation

9. Firm's Virginia Principal Broker Real Estate License Number:

0	2	2	5						
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10. Are you applying to change the firm's **name**?

No
Yes If yes, provide the following information:

A. Firm's **new** Name:

B. Trade, "Doing Business As" (DBA) or Fictitious Name(s) [▲] _____

[▲] All business entities with DBA and Fictitious names must attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if required by the locality).

11. Are you applying to change to firm's **address**?

No
Yes If yes, provide the following information:

A. **New Mailing Address**
(PO Box accepted)

B. **New Street Address**
(PO Box not accepted)
PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

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

City _____ State _____ Zip Code _____

C. Firm's Contact Numbers

_____ Telephone _____ Alternative _____ Fax _____

12. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the firm's or my license status.

Principal Broker's Signature _____ Date _____