Reset Form Print Form

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

Department of Professional and Occupational Regulation

Real Estate Board
BRANCH AFFILIATION APPLICATION

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.

Select one of the following:

X	Action
☐	Add Affiliation
☐	Change Affiliation

▶ You must hold a ***non-expired*** Virginia Real Estate License to use this application. If your license has expired, you must RENEW or REINSTATE your license prior to submitting this application. This application is NOT required when you activate or transfer a license.

1. Enter your current Virginia Real Estate License Number and expiration date below.

   Virginia License Number ☐☐☐☐☐☐☐☐☐☐ Expiration Date _____

2. Legal Name _____ (Last) _____ (First) _____ (Middle) _____ (Generation)

3. Provide at least one of the following identification numbers✳:

   ☐ Social Security Number *or*
   ☐ *Virginia* Department of Motor Vehicles Control Number

   ☐☐☐ - ☐☐ - ☐☐☐☐
   Social Security or VA DMV Number (123-45-6789)

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

   ✳ 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. Applicant's Mailing Address
   (PO Box accepted)

   _____
   _____ (City) _____ (State) _____ (Zip Code)

5. Applicant's Street Address
   RESIDENTIAL (PHYSICAL) ADDRESS REQUIRED
   (PO Box not accepted)

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

   _____
   _____ (City) _____ (State) _____ (Zip Code)

6. Applicant's Contact Numbers

   _____ (Primary Telephone) _____ (Alternate Telephone) _____ (Fax)

7. Applicant's E-mail Address _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			5020		0225	

▶ You must have an active license with the firm with whom the branch is affiliated.

8. Firm/Sole Proprietorship information with whom the branch is affiliated:

A. Firm/Sole Proprietorship Name

B. Trade, "Doing Business As" (DBA) or Fictitious Name

C. Firm/Sole Proprietor Virginia Real Estate License Number

DO NOT INCLUDE DASHES (1234567890)

D. Firm/Sole Proprietor Mailing Address

City State Zip Code

E. Firm/Sole Proprietor Street Address
PHYSICAL
ADDRESS REQUIRED
(PO Box not accepted)

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

City State Zip Code

F. Firm/Sole Proprietor Contact Numbers

Primary Telephone Alternate Telephone Fax

G. Firm/Sole Proprietor E-mail Address

H. Firm/Sole Proprietor Principal Broker's Name

Last First Middle Generation

I. Principal Broker's Virginia Real Estate License Number

DO NOT INCLUDE DASHES (1234567890)

9. Branch office information with whom the applicant will be affiliated

A. Branch OfficeVirginia Real Estate License Number

DO NOT INCLUDE DASHES (1234567890)

B. Branch Office Mailing Address

City State Zip Code

C. Branch Office Street Address
PHYSICAL
ADDRESS REQUIRED
(PO Box not accepted)

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

City State Zip Code

D. Branch Office Contact Numbers

Primary Telephone Alternate Telephone Fax

E. Branch Office Supervising Broker's Name

Last First Middle Generation

F. Branch Supervising Broker's Virginia Real Estate License Number

DO NOT INCLUDE DASHES (1234567890)

10. By signing this application, I certify the following statements:
    - 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. Furthermore, 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 authorize the Department of Professional and Occupational Regulation (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 and 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.*

    Applicant's Signature _____ Date _____

11. For all applicants who will be affiliated with a current licensed branch:

    Broker's Statement (to be completed by either the supervising or principal broker of the branch who will be responsible for the applicant's real estate activities)

    I, _____ authorize _____
    Print Name of Supervising or Principal Broker — Applicant's Name

    to apply to affiliate his/her license with the branch listed on this application. I affirm I verified the applicant's license has not expired, I have reviewed the application and the application is complete. I certify that I will actively supervise and train the licensee during the period the licensee is under my supervision and I hereby assume responsibility effective as of the date indicated below for the above-named licensee pursuant to Title 54.1, Chapter 21, of the *Code of Virginia* and the *Real Estate Board Regulations.*

    Supervising or Principal Broker Signature _____ Date _____

    Supervising Broker ☐
    Principal Broker ☐

    Broker's Virginia Real Estate License Number | | | | | | | | | | |
    DO NOT INCLUDE DASHES (1234567890)

    The affiliating salesperson must first sign and date this application prior to the Supervising/Principal Broker/Sole Proprietor signing and dating this application.

    Applications cannot be processed and licenses affiliated if signatures are not placed on the application in the proper order.