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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
BUSINESS ENTITY LICENSE TRANSFER APPLICATION
Fee $90.00

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.

⇨ **All licensed members of the business entity** must be affiliated with the same firm as the business entity.

The Business Entity license must be ***current***.

1. Business Entity Name _____

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

_____

3. Business Entity Real Estate License Number ☐☐☐☐☐☐☐☐☐☐
DO NOT INCLUDE DASHES (1234567890)

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. Business Entity State Corporation Commission (SCC) Number

_____

6. Business Entity Contact Numbers
   _____ Primary Telephone _____ Alternate Telephone

7. Business Entity E-mail 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 your Business Entity's online profile with DPOR. It can **not** be used by any other individual license holder or other businesses registered with DPOR or the Real Estate Board. The email address provided must be unique to this Business Entity's license.

8. **Firm/Sole Proprietorship** Information with whom your license will be ***active***:

   A. Name

_____

BOARD USE ONLY	SCC NO.		ISSUE DATE	ACTIVE No ☐ Yes ☐	TRADE NAME REGISTERED No ☐ Yes ☐	DATE	
OFFICE USE ONLY	DATE	FEE	TRANS CODE 5020	ENTITY #	FILE #/LICENSE # 0226		ISSUE DATE

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

_____

C. Virginia Real Estate License Number: | | | | | | | | | | |

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D. Mailing Address _____

_____ _____ _____

City State Zip Code

E. E-mail Address _____

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

F. Contact Numbers _____ _____

Telephone Alternative

G. Firm/Sole Proprietor's Principal Broker's Name:

_____ _____ _____ _____

Last First Middle Generation

H. Principal Broker's Virginia Real Estate License Number: | | | | | | | | | | |

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9. Will this Business Entity operate as a "team" as defined in §54.1-2100? *(See definition below)*

No ☐

Yes ☐

➢ §54.1-2100 - *"Real estate team" means two or more individuals, one or more of whom is a real estate salesperson or broker, who (i) work together as a unit within the same brokerage firm, (ii) represent themselves to the public as working together as one unit, and (iii) designate themselves by a fictitious name.*

10. ONLY provide the following information for each licensed individual or entity who will be paid a commission or who is a licensed member of the team through the business entity named on this application:

VA Real Estate License Number	Name	License Type (Salesperson, Broker or Entity)	Signature*

* By signing this application I/we, the undersigned, certify that the foregoing statements and answers are true, and I/we have not suppressed any information that might affect the Board's decision to approve this application. I also certify that I/we understand, and have complied with, all the laws of Virginia related to real estate licensure under the provisions of Title 54.1, Chapter 21 of the *Code of Virginia* and the *Real Estate Board Regulations*.

(Broker's statement on the following page.)

11. Principal Broker's Statement

By signing this application I/we, the undersigned, certify that the foregoing statements and answers are true, and I/we have not suppressed any information that might affect the Board's decision to approve this application. I also certify that I/we understand, and have complied with, all the laws of Virginia related to real estate licensure under the provisions of Title 54.1, Chapter 21 of the *Code of Virginia* and the *Real Estate Board Regulations*.

I, the firm's Principal Broker *or* Supervising Broker, hereby acknowledge that the licensee(s) named on this application for a Business Entity License is affiliated with my firm as a real estate agent.

Principal Broker's Signature _____ Date _____

Supervising Broker's* Signature _____ Date _____

Supervising Broker's VA Real Estate License Number | | | | | | | | | | |

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* If the Supervising Broker listed above is an individual receiving a commission through the Business Entity or a member of the team, the Principal Broker must sign this application (see question 10).