



**Real Estate Board  
 BRANCH OFFICE LICENSE APPLICATION  
 Fee \$265.00**

**A check or money order payable to the TREASURER OF VIRGINIA,  
 or a completed credit card insert must be sent with your application package.  
 APPLICATION FEES ARE NOT REFUNDABLE.**

1. Firm/Sole Proprietorship Name \_\_\_\_\_

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

3. Firm's/Sole Proprietor Virginia Real Estate License Number 

0	2	2	6						
---	---	---	---	--	--	--	--	--	--

  
DO NOT INCLUDE DASHES (1234567890)

4. Firm/Sole Proprietor Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

5. Firm Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

6. Firm E-mail Address \_\_\_\_\_  
Email address is considered a public record and will be disclosed upon request from a third party.

7. Firm/Sole Proprietor Principal Broker's Name  
 \_\_\_\_\_  
Last First Middle Generation

8. Principal Broker's Virginia Real Estate License Number 

0	2	2	5						
---	---	---	---	--	--	--	--	--	--

  
DO NOT INCLUDE DASHES (1234567890)

9. Branch Office Mailing Address **ADDRESS MUST BE DIFFERENT FROM THE FIRM ADDRESS**  
(PO Box accepted)  
 \_\_\_\_\_  
City State Zip Code

10. Branch Office Street Address **ADDRESS MUST BE DIFFERENT FROM THE FIRM 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

11. Branch Office Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

<small>BOARD USE ONLY</small>	<small>SCC NO.</small>	<small>ISSUE DATE</small>	<small>ACTIVE</small> No <input type="checkbox"/> Yes <input type="checkbox"/>	<small>TRADE NAME REGISTERED</small> No <input type="checkbox"/> Yes <input type="checkbox"/>	<small>DATE</small>	
<small>OFFICE USE ONLY</small>	<small>DATE</small>	<small>FEE</small>	<small>TRANS CODE</small> <b>1022</b>	<small>ENTITY #</small>	<small>FILE #/LICENSE #</small> <b>0226</b>	<small>ISSUE DATE</small>

12. Branch Office Supervising Broker's Name

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

13. Branch Office Supervising Broker's Virginia Real Estate License Number

0	2	2	5						
---	---	---	---	--	--	--	--	--	--

DO NOT INCLUDE DASHES (1234567890)

14. By signing this application, I certify the following statements (as indicated by **placing my initials** next to each statement):

\_\_\_\_\_ 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*.

Supervising Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_

Firm Principal Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_