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
FIRM - NAME AND/OR ADDRESS CHANGE FORM
No Fee Required

1. Firm Name _____

2. Trade, "Doing Business As" (DBA) or Fictitious Name(s): (If applicable)

_____

3. Firm's Federal Employer Identification Number ❖ ☐☐ - ☐☐☐☐☐☐☐

❖ State law requires every applicant, *who is not a sole proprietor or solely owned, LLC;* to provide a federal employer identification number.

4. Firm's Virginia Real Estate License Number: ☐☐☐☐☐☐☐☐☐☐

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

_____ _____ _____
City State Zip Code

6. Firm's Contact Numbers _____ _____ _____
Primary Telephone Alternative Telephone Fax

7. Firm's 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 the Firm's online profile with DPOR. It can not be used by any other individual license holder or other firms registered with DPOR or the Real Estate Board. The email address provided must be unique to this firm's license.

8. Firm's Principal Broker Name:

_____ _____ _____ _____
Last First Middle Generation

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

10. Are you applying to *change* the firm's **name** and/or **DBA name**?

No ☐
Yes ☐ If yes, provide the following information:

A. Firm's **new** Name: _____
(The **new** name must be registered with the SCC)

B. Is the firm, ☐ **adding** a DBA name? ☐ **changing** the DBA Name? *or* ☐ **removing** a DBA Name?

No ☐
Yes ☐ If yes, provide the *new* name or the DBA name to be *removed*:

_____

➢ If an ***assumed/fictitious name*** is to be used, it must be registered with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the *Code of Virginia*.

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)

City State Zip Code

B. **New** 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

C. Firm's Contact Numbers

Telephone Alternative Fax

12. By signing this application, I certify the following statements:

- 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*.
- During the time period when this request is being processed, a Licensee or an Applicant with your firm may have a pending application in our licensing system. If you receive a license from DPOR with incorrect information (i.e. Firm's name and/or address), it is **solely** the responsibility of the Principal Broker to destroy such license(s).

Principal Broker's Signature _____ Date _____

Staple **All Original** License(s) Here
NO COPIES - if required