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

SETTLEMENT AGENT REGISTRATION APPLICATION

Licensed Real Estate Brokers Only
Fee $80.00

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.

1. Name _____ (Last) _____ (First) _____ (Middle) _____ (Generation)

2. Provide one of the following identification numbers.

☐ Social Security Number or ☐ Virginia DMV Control Number ✳ ☐☐☐ - ☐☐ - ☐☐☐☐

✳ 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.

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

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

4. 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)

5. E-mail Address _____

6. Contact Numbers _____ (Primary Telephone) _____ (Alternative Telephone) _____ (Fax)

7. Broker's Virginia Real Estate License Number ☐☐☐☐☐☐☐☐☐☐

8. The following documentation is required♦:

A. An errors and omissions or malpractice insurance policy providing a minimum of $250,000 in coverage;

B. A blanket fidelity bond or employee dishonesty insurance policy covering persons employed by the settlement agent providing a minimum of $100,000 in coverage;

C. A surety bond of not less than $200,000.

♦ Submit copies of each of the requirements and attach to this application for review. This documentation must be in the name of the individual requesting the settlement agent registration (not a business name).

9. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?

No ☐
Yes ☐ If yes, complete a Disciplinary Action Reporting Form.

Office Use Only	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		0227	

10. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any felony?

No ☐
Yes ☐

B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of a misdemeanor involving fraudulent or dishonest acts, sexual offense, non-marijuana drug distribution, or battery within five years of the date of this application?

No ☐
Yes ☐

C. If you answered "yes" to either question 10.A or 10.B, complete a Criminal Conviction Reporting Form.

11. I, the undersigned, certify that 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. I certify that I will notify the Department if I am subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 6.1, Chapter 1.3 of the *Code of Virginia.*

Signature _____ Date _____