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

OUT-OF-STATE EXPERIENCE VERIFICATION FORM
Experience Obtained outside of Virginia

- This form must be completed by a principal broker or supervising broker who can attest to the applicant's real estate sales experience during the required time-period.
- Photocopies of this form may be used to accommodate different brokers who have supervised the applicant during the required time-period.
- Please Note: Applicants cannot verify their own experience. Out-of-state licensed broker (or sole proprietorship) applicants reciprocating to Virginia may ask a licensee or attorney to attest to their experience.

Broker Applicants

18 VAC 135-20-40.2 and 18 VAC 135-20-60.7 of the *Real Estate Board Regulations* require applicants for real estate broker licenses to be actively engaged as a real estate salesperson/broker for a period of 36 of the 48 months immediately preceding their application for licensure.

1. Applicant's 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.

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3. Firm's Name (where experience obtained) _____
4. Firm's Real Estate License Number: _____
5. Firm's Contact Numbers _____ _____ _____
   Primary Telephone Alternative Telephone Fax
6. Firm's Principal Broker or Supervising Broker's Name:
   _____ _____ _____ _____
   Last First Middle Generation
7. Verifier: I am completing this experience verification form as a:
   ☐ Attorney ☐ Licensee from the State of _____. My License Number is _____
8. Out of State Verifier:

I, _____ ,
(Print Name of Verifier)

certify that the above-named applicant has/had been employed by, or associated with, the real estate firm listed above; and has been actively engaged (active licensure with the licensed real estate firm or sole proprietorship in performing those activities defined in §54.1-2100 - §54.1-2101 of the Code of Virginia) for an average of at least 40 hours per week. I also certify that I have direct knowledge of the applicant's activities.

_____ months from _____ to _____ (Complete for each active period)
(Number of Months) (MM/DD/YYYY) (MM/DD/YYYY)

Verifier's Signature _____ Date _____

Verifier's Contact Number _____ _____ _____
Primary Telephone Alternative Telephone Fax