

Real Estate Board
DEATH OR DISABILITY OF A REAL ESTATE BROKER

Ø Any licensed broker who is engaged in a sole proprietorship or who is the only licensed broker in a firm, shall designate another licensed broker to carry on the business for the sole purpose of concluding the business in the event of the designating broker's death or disability.

Refer to §54.1-2109. *Death or disability of a real estate broker.*

I. Real Estate Broker information: Principal Broker

1. **Principal Broker** - Virginia Real Estate License Number:

DO NOT INCLUDE DASHES (1234567890)

2. **Principal Broker** - Legal Name (as it appears on the license)

Last First Middle Generation

3. Enter the last four digits of your identification numbers:

Social Security Number and/or

Virginia Department of Motor Vehicles Control Number

➤ Use the same identification number as used on file with DPOR from a previous application.

4. Mailing Address (PO Box accepted) _____

City State Zip Code

5. Contact Numbers

Primary Telephone Alternate Telephone

II. Sole Proprietorship or Firm Information

1. **Sole Proprietorship or Firm** Virginia Real Estate License No.:

DO NOT INCLUDE DASHES (1234567890)

2. Firm/Sole Proprietorship Name _____

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

4. Provide one of the following identification numbers:

Business Federal Employer Identification Number (EIN) -

Individual - Social Security or

Virginia DMV Control Number:

➤ Use the same identification number as used on file with DPOR from a previous application.

5. Firm/Sole Proprietor's Mailing Address _____

City State Zip Code

6. Contact Numbers

Primary Telephone Alternate Telephone

III. Designated Licensed Broker

1. **Designated Broker** - Virginia Real Estate License Number
2. **Designated Broker** - Legal Name (as it appears on the license)

Last First Middle Generation

3. Mailing Address (PO Box accepted) _____

City State Zip Code

4. Contact Numbers

Primary Telephone Alternate Telephone

IV. Signature - Principal Broker

I certify, to the best of my knowledge, all information provided on this form is true and accurate. I listed above a designated licensed broker to carry on the business listed above for the sole purpose of concluding this business in the event of my death or disability.

Signature _____ Date _____