

**Real Estate Board**  
**TERMINATION OF BRANCH OFFICE AFFILIATION APPLICATION**  
**Salesperson or Associate Broker**

➤ To remove an individual's affiliation with a Branch Office, complete and return this form. The license will remain active with the firm. Inactivating a license is a separate process and requires completion of a different application.

1. Legal Name \_\_\_\_\_  
Last First Middle Generation

2. What type of license do you have?

- Salesperson
- Associate Broker

3. Provide at least **one** of the following identification numbers\*:

- Social Security Number **or**
- Virginia** Department of Motor Vehicles Control Number

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Social Security or VA DMV Number (123-45-6789)

- Enter the same identification number as used on examination, previous applications or licenses on file with the Department.
- \* 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.

4. Individual's Virginia Real Estate License Number

0	2	2	5						
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DO NOT INCLUDE DASHES (1234567890)

5. Branch Office Virginia Real Estate License Number

0	2	2	6						
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DO NOT INCLUDE DASHES (1234567890)

6. Licensee's Mailing Address  
 (PO Box accepted)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Licensee'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 \_\_\_\_\_

If address is different on record, staff will change address information.

8. Contact Numbers

Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_

9. E-mail Address

\_\_\_\_\_

E-mail address is considered a public record and will be disclosed upon request from a third party.

10. Licensee's Signature \_\_\_\_\_  
 OR

Date \_\_\_\_\_

Supervising or Principal Broker's Signature \_\_\_\_\_

Date \_\_\_\_\_

Broker's Printed Name \_\_\_\_\_

- Supervising Broker
- Principal Broker

Broker's Virginia Real Estate License Number

0	2	2	5						
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DO NOT INCLUDE DASHES (1234567890)

This form may be submitted to the Virginia Real Estate Board via e-mail at  
[reboard@dpor.virginia.gov](mailto:reboard@dpor.virginia.gov) or by fax at 866-826-8863.