



**Real Estate Board**  
**BRANCH OFFICE LICENSE APPLICATION**  
**Fee \$265.00**

A check or money order payable to the TREASURER OF VIRGINIA,  
 or a completed [credit card insert](#) must be sent with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

1. Firm/Sole Proprietorship Name \_\_\_\_\_

2. Trade, "Doing Business As" (DBA) or Fictitious Name \_\_\_\_\_

3. Firm's/Sole Proprietor Virginia Real Estate License Number \_\_\_\_\_  
DO NOT INCLUDE DASHES (1234567890)

4. Firm/Sole Proprietor Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

5. Firm Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

6. Firm E-mail Address \_\_\_\_\_  
Email address is considered a public record and will be disclosed upon request from a third party.

7. Firm/Sole Proprietor Principal Broker's Name \_\_\_\_\_  
Last First Middle Generation

8. Principal Broker's Virginia Real Estate License Number \_\_\_\_\_  
DO NOT INCLUDE DASHES (1234567890)

9. Branch Office Mailing Address (PO Box accepted) \_\_\_\_\_  
**ADDRESS MUST BE DIFFERENT FROM THE FIRM ADDRESS**  
 \_\_\_\_\_  
City State Zip Code

10. Branch Office Street Address \_\_\_\_\_  
**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

11. Branch Office Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

BOARD USE ONLY	SCC NO.		ISSUE DATE	ACTIVE No <input type="checkbox"/> Yes <input type="checkbox"/>	TRADE NAME REGISTERED No <input type="checkbox"/> Yes <input type="checkbox"/>	DATE
	DATE	FEE	TRANS CODE 1022	ENTITY #	FILE #/LICENSE # 0226	ISSUE DATE

12. Branch Office Supervising Broker's Name

\_\_\_\_\_

Last First Middle Generation

13. Branch Office Supervising Broker's Virginia Real Estate License Number

DO NOT INCLUDE DASHES (1234567890)

14. By signing this application, I certify the following statements (as indicated by placing my initials next to each statement):

\_\_\_\_\_ 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*.

Supervising Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_

Firm Principal Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_