



**FIRM PRINCIPAL BROKER/OFFICER CHANGE FORM**

- You must return both the **current** Principal Broker and **new** Principal Broker license to process the change (if both individuals currently work for the referenced firm.)
- Please include any supplemental applications and fees that may be required for the new principal broker (i.e., *Broker License Application, Concurrent Broker Application or Activate/Transfer License Application*).

1. Firm/Sole Proprietor's Name \_\_\_\_\_
2. Trade, "Doing Business As" (DBA) or Fictitious Name \_\_\_\_\_
3. Firm/Sole Proprietor's Virginia Real Estate License Number: \_\_\_\_\_

Mailing Address (PO Box accepted) \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

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

6. Firm/Sole Proprietor's Email Address \_\_\_\_\_

➤ The email address provided above will be used for your Firm's online profile with DPOR. It can **not** be used by any other individual's license holder or other firms registered with DPOR or the Real Estate Board. The email address provided will be unique to this firm's license.

7. Are you applying to change to firm's **Principal Broker**?

- No  If no, skip to question #8.  
 Yes  If yes, provide the following information for the **current** Broker and the **new** Broker:

A.

\_\_\_\_\_  
 Last (required) First (required) Middle Generation

B. **Current** Principal Broker's Virginia Real Estate License Number:

C. Will the **current** Principal Broker become an Associate broker for this firm?

- No  If no, the **current** Principal Broker's license will become inactive.  
 Yes  If yes and the current Principal Broker is to retain his/her 'Signature Authority', complete and return the [Signature Authority Application](#).

D. Firm's **new** Principal Broker Name:

\_\_\_\_\_  
 Last (required) First (required) Middle Generation

BOARD USE ONLY	SCC NO.	ISSUE DATE	ACTIVE	TRADE NAME REGISTERED	DATE
			No <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	

- E. Is the **new** Principal Broker currently an Associate Broker with this firm?  
 No  If no, provide the **new** Principal Broker's Social Security or VA DMV Control number\*:  
 **Social Security Number** and/or - -  
 **Virginia** DMV Control Number  
 Yes  If yes, provide the **new** Principal Broker's Virginia license 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.

- F. Which of the following **Broker Application(s)** have been included to complete this application package for the **new** Principal Broker?  
 *Broker License Application* (New applicants only)  
 *Concurrent Broker Application* (Existing licensee working for more than one firm)  
 *Activate/Transfer License Application* (Existing licensee who are activating or transferring their license)

8. Are you applying to change the firm's **Member(s), Officer(s), Partner(s), or Associate(s)**?

- No  If no, skip to question #9.  
 Yes  If yes, answer the following questions in regards to the firms type of business:

➤ **Any change to the Firm's Officer(s) must be updated with the State Corporation Commission. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.**

Is the real estate firm a **limited liability company**?

- No   
 Yes  If yes, provide the following information for each member and managing member of the limited liability company. *\*Every managing member who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.*

Full Name (print name)	Member	Managing Member*	VA Real Estate License No. (if licensed). Otherwise provide an Individual's Social Security No. VA DMV Control No., or Company/Trust Tax ID No.	Actively Participate in VA business?	
				No	Yes
	No <input type="checkbox"/>	No <input type="checkbox"/>		No	<input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes	<input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>		No	<input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes	<input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>		No	<input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes	<input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>		No	<input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes	<input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>		No	<input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes	<input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>		No	<input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes	<input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>		No	<input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes	<input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>		No	<input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes	<input type="checkbox"/>

**Required Attachment:** Attach a copy of the Operating Agreement for the Limited Liability Company; **not** the Articles of Organization.



Is the real estate firm an **association**?

No

Yes  If yes, provide the following information for each associate from your association. ***\*Every associate who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.***

Full Name (print name)	Associate*	VA Real Estate License No. (if licensed). Otherwise provide Social Security No. or VA DMV Control No.	Actively Participate in VA business?
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>

9.

- 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*.

**Current** Principal Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Individual listed in #7.A.

**New** Principal Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Individual listed in #7.D.

**The Owner's Signature is required ONLY if the current Principal Broker did not sign above.**

\_\_\_\_\_  
Last (required)                      First (required)                      Middle                      Generation

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENTS:** (Check all attachments that have been included with your application package.)

Required attachment if making a change to the Existing Principal Broker:

- Return license for **current** Principal Broker. (Question #7)
- Return license for **new** Principal Broker, but **only if** the individual currently works for the firm referenced above in question #1. (Question #7)
- Signature Authority Application** will need to be completed and returned if the existing Principal Broker will be retaining his/her 'signature authority'. (Question #7.C.)
- Broker Application - ***Broker License Application, Concurrent Broker Application or Broker - Activate/Transfer license Application***. At least one of the following application must be included for changes to the Principal Broker. (Question #7.F.)

Required attachment if making a change to the firm's **Member(s), Officer(s), Partner(s), or Associate(s):**

- Any change to the Firm's Officer(s) must be updated with the State Corporation Commission (SCC). (Question #8)
- Limited Liability Companies must provide a copy of the Operating Agreement (**not** the Articles of Organization) for verification purposes. (Question #8.A.)
- Attach a copy of the most recent Annual Report filled with the SCC. (Question #8.B.)
- General Partnerships must attach Partnership Agreement and Certificate of Partnership issued by the SCC. (Question #8.C.)

VA Real Estate License No. (if licensed).

Otherwise provide an Individual's Social Security No.

VA DMV Control No., or Company/Trust Tax ID No.