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
LICENSE INACTIVATE APPLICATION
Salesperson or Associate Broker

To place a salesperson or associate broker's license on **inactive status**, complete and return this form. To place your license on immediate inactive status, log into your online profile and complete the Inactivate Application. If the license is not attached to this form when returned to the Board, staff will send a letter to the principal broker requesting the license be returned.

1. Legal Name _____ _____ _____ _____
   Last First Middle Generation

2. What type of license do you have?
   Salesperson ☐
   Associate Broker ☐
   ➤ *Principal Brokers and Sole Proprietors must use a different form.*

3. Provide at least **one** of the following identification numbers✳:
   ☐ Social Security Number and/or ☐☐☐ - ☐☐ - ☐☐☐☐
   ☐ **Virginia** Department of Motor Vehicles Control Number ☐☐☐☐☐☐☐☐☐
   ➤ 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 ☐☐☐☐☐☐
   DO NOT INCLUDE DASHES (1234567890)

5. Applicant's Mailing Address
   (PO Box accepted)
   _____
   City _____ State _____ Zip Code _____

6. Applicant's 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 _____

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

7. Contact Numbers _____ Primary Telephone _____ Alternate Telephone _____ Fax

8. E-mail Address _____

9. Licensee Signature✹ _____ Date _____

✹ This form can be submitted by the licensee only and cannot be submitted by a licensee's Principal Broker or Sole Proprietor.