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



Real Estate Board SALESPERSON LICENSE APPLICATION Fee \$170.00

All applicants must pass the Virginia Real Estate Board examination prior to applying for this license.

		C	ontact PSI for a	all exam informatior	n at <u>www.psiexam</u>	s.com.	
		pplication must	be submitted wi	thin 1 year of the init	ial examination da	te when you <u>originally</u> too ate, re-examination will be	
	Have you gradu	ated from high	school or obta	ained a GED?			
	Yes □	A che	Code of Virginia equivalent. eck or money outed credit card	•	TREASURER OF iled with your app	lication package.	
			9	Select <u>one</u> of the fo	llowing:		
			X Metho	d of Licensure]	
			Initial S	Salesperson License	by examination]	
			Salesp	person License by re	<u>ciprocity</u>		
1.	Legal Name						
	-	Last		First		Middle	Generation
2.	Professional N	lame (if applica					
			First o	r last name of your legal r	name must be included	in your professional name. (i.e. J	lohn D., or J. Doe)
3.	Provide at leas	st one of the fo	ollowina identifi	ication numbers*:			
Ο.		ecurity Numbe	•	ication nambers .			
		•					
	<u> Virginia</u>	Department of	f Motor Vehicle	es Control Number			
						DO NOT INCLUDE DASHES (•
				•	• •	censes on file with the Depar	
	★ State law reliaded in the state of t	equires every appli the Commonwealth	icant for a license, to provide a social s	certificate, registration or security number or a conti	other authorization to ol number issued by the	engage in a business, trade, pre Virginia Department of Motor V	rofession or occupation ehicles.
4.	Date of Birth		(M	ust be at least 18 ye	ars of age.)		
		MM/DD/Y	YYY				
5.	Applicant's Ma	iling Address					
	(PO Box a						
				City		State	Zip Code
6.	Applicant's Street Address RESIDENTIAL (PHYSICAL) ADDRESS REQUIRED			Check here if Stree	et Address is the <u>same</u>	as the Mailing Address listed abo	ove.
	(PO Box not						
				City		State	Zip Code
	DATE	FEE	TRANS CODE	ENTITY#	F	FILE #/LICENSE #	ISSUE DATE
OFFICE USE			1030		0225		

7.	Applica	ant's Co	ontact Numbers	Primary Telephone	Alternate Telephone	 Fax		
0	Applied	nt'o E	mail Addraga	Filliary releptione	Alternate releptione	Гах		
8.	Applica	IIIIS ⊏-	-mail Address E-mail address is considered a public record and will be disclosed upon request from a third party.					
9.	Have you ever applied for, or do you hold any <u>current</u> or <u>expired</u> license, certification or registration issued by the Department of Professional and Occupational regulation? (This includes all professional license types)							
	No Yes		If yes, provide your information below:					
				Type of License	VA License No.	Expiration Date		
10. A	(exclud		ginia)?		cation or registration issued b	y any other jurisdiction		
	No		If no, continue to q					
	Yes		If yes, complete the following table and provide an original Certification of Licensure/Letter of Good Standing from each jurisdiction (dated within the last 60 days). Photocopies of license(s) will <u>not</u> be accepted.					
				State/Jurisdiction	License, Certification or Registration Number	Expiration Date		
					ing, prepared by the state board or re) the initial date of licensure; 3) the e			
			4) the mean violation or u	s of obtaining licensure (i.e. exam, r ndetermined finding. ONLY original o	eciprocity, etc.); and 5) all closed disc certifications will be accepted.	iplinary actions resulting in a		
В	60 hou	urs of	•	, -	pplying by reciprocity, have you ubstantially equivalent to those	•		
			•	nia are in accordance with the under the Real Estate Board/E	ne Code of Virginia §54.1-210 Education & Exams tab.	5.B.1 and listed on our		
	Yes		•	•	t, Education Certification, Certifying the completion of the Rea	•		
11.	Are you No Yes		•	e status with a licensed real e n #14. You will be issued an <u>in</u>				

12.	Firm/Sole Proprietorship information with whom your license will be active:
Þ	A. Firm/Sole Proprietorship Name
E	B. Trade, "Doing Business As" (DBA) or Fictitious Name
	> All sole proprietorships with fictitious names <u>must attach a copy of the certification filed with the Clerk of the Court</u> in the locality where business will be conducted.
(C. Firm's/Sole Proprietor's Virginia Real Estate License Number O 2 2 6 D DO NOT INCLUDE DASHES (1234567890)
	D. Firm/Sole Proprietor's Mailing Address
E	City State Zip Code E. Firm/Sole Proprietor's Street Address PHYSICAL ADDRESS REQUIRED (PO Box not accepted)
	City State Zip Code
F	F. Firm/Sole Proprietor's Contact Numbers Primary Telephone Alternate Telephone Fax
(G.Firm/Sole Proprietor's E-mail Address
F	I. Firm/Sole Proprietor's Principal Broker's Name
	Last First Middle Generation
I	. Principal Broker's Virginia Real Estate License Number O 2 2 5 DO NOT INCLUDE DASHES (1234567890)
13.	Will you be affiliating with a Branch Office of the firm listed above? No
	Yes
	A. Branch Office Virginia Real Estate License Number O 2 2 6 DO NOT INCLUDE DASHES (1234567890)
	B. Branch Office Mailing Address AS PRINTED ON BRANCH LICENSE City State Zip Code
	C. Branch Office Contact Numbers
	Primary Telephone Alternate Telephone Fax D. Branch Office Supervising Broker's Name
	Last First Middle Generation
	E. Branch Supervising Broker's VA Real Estate License Number 0 2 2 5
14.	Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body? No Yes If yes, complete a Disciplinary Action Reporting Form.

•	ever been convicted or four iny <u>felony</u> ? Any plea of nol	• •		nner of adjudication, in any juri red a conviction.	sdiction of the United
States of a the past fi No [Yes [a misdemeanor involving ve years? Any plea of nolo	moral turpitude, contendere shall l	sexual offe be considere	er of adjudication, in any juris ense, drug distribution or pl ed a conviction.	hysical injury within
State/Jurisdiction	Conviction*	Type of Conviction	Date of Conviction	Disposition (probation, parole, fine, sentence, etc.)	Status
		Felony Misdemeanor			Incarcerated On Probation On Parole
		Felony Misdemeanor			Incarcerated On Probation On Parole
		Felony Misdemeanor			Incarcerated On Probation On Parole
years of age) if tri DO NOT DISCLO pending dispositio	ed as an adult are also consider SE any violations adjudicated and adjudication withheld, deferred ever violated a fair housing If yes, attach a certifie	ed convictions. as a minor in the juve judgment or otherwise law in any jurisdicted copy of the fina	enile court syster rendered inoption of the Util		ide, reversed, expunged,
a Virginia Real E appoint the Direct your true and law served and who i trade or profession which is duly serv	state License, you understor of the Department of P ful agent and attorney-in-fas hereby authorized to enter practiced; and that by sed on said agent and attorn this application, I certify	stand that this approfessional and Octoor, in your stead, ther an appearance ubmitting this appropey-in-fact shall be	olication ser ccupational upon whom on your be lication you of the same	resident, or move outside of Vives as a written power of at Regulation, and his/her succe all legal process against and whalf in any case or proceeding hereby agree that any lawful e legal force and validity as if so indicated by placing my in	torney, whereby you assors in office, to be notice to you may be ags arising out of the process against you erved upon you.
The the om to I	e foregoing statements and Board's decision to appro- itting pertinent or material icense revocation or denial	ve this application information in conr of license.	i. Furthermo nection with	e not suppressed any informa re, I am aware that submitting this application will delay proc	g false information or essing and may lead
rec (in	uested license including, bany jurisdiction).	out not limited to, a	iny disciplina	provided in this application pary action or conviction of a fel	lony or misdemeanor
cor cor l a	ncerning me or any state ntact. I also agree to preser	ment in this applion of any credentials of or local government	cation from or document ent agency,	anal Regulation (Department) any person, or any source to s required and requested by the current or former employer, of background investigation	the Department may ne Department.

I have read, understand and complied with all the laws of Virginia related to this profession under the pro-				
	of Title 54.1, Chapter 21 of the <i>Code of Virginia</i> and the <i>Virginia Real Estate Regulations.</i> I have a high school diploma or GED and a good reputation for honesty, truthfulness, and fair dealing, and am			
	competent to transact the business of real estate broker or real estate salesperson in such a manner as to			
	safeguard the interests of the public.			
	Applicant's Signature Date			
	✦ Electronic signatures must include a unique identifier or the separate signature verification page must be included with the application.			
18.	For all applicants who will be affiliated with a current licensed firm/sole proprietorship: Broker's Statement (to be completed by either the principal or supervising broker with signatory authority who will be responsible for the applicant's real estate activities) - broker must sign after the applicant.			
	I. authorize			
	Print Name of Principal or Supervising Broker Applicant's Name			
to apply for a license as a real estate <i>salesperson</i> with the real estate firm listed on this application; and I her assume responsibility for the licensee pursuant to Title 54.1, Chapter 21, of the <i>Code of Virginia</i> and the <i>Real Es Board Regulations</i> . I affirm I have reviewed the application as well as the answers provided by the applicant and application is complete.				
	Principal or Supervising Broker's Signature Date			
	Principal Broker Supervising Broker Broker's Virginia Real Estate License Number DO NOT INCLUDE DASHES (1234567890)			
	★ Electronic signatures must include a unique identifier or the separate signature verification page must be included with the application.			
All a	DRTANT REMINDER: applicants for initial licensure are required to submit a set of fingerprints ** to the Virginia Central Criminal ords Exchange for the purpose of conducting a search of the state and national fingerprint-based criminal history rds.			
4 c	Ince the results of the fingerprinting are received by the Board, a complete license application must be received by the Board within 5 calendar days or you will have to be fingerprinted again. If your fingerprints need to be taken again, an additional fee will be harged. Please contact PSI at www.psiexams.com if you need to schedule/resubmit your fingerprints prior to receiving the requested cense.			
ATT	ACHMENTS: (Check the attachments included with this application)			
	Original Certification(s) of Licensure/Letter(s) of Good Standing dated within 60 days of application receipt. Certifications of Licensure/Letters of Good Standing are only good for 60 days following application receipt. (see Question #10.A)			
	Original or certified transcript, Education Certification, Certification of Completion, License Certification or other documentation verifying the completion of all required real estate course(s). (see Question #10.B)			
	☐ Disciplinary Action Reporting Form and all required attachments. (see Question #14)			