

Complete the information below for each license, certification or registration you hold from DPOR.

Attach additional forms to include all license types with your submission.

NOTE: Failure to list all licenses, certificates or registrations may result in not receiving important notices and/or information from the board that issued the license, certificate or registration.

1. Individual/Business Name _____
 Real Estate Individuals/Firms must use the board specific [Name/Address Change Form](#).

2. Provide either your Social Security Number or VA DMV Control Number* : _____ - _____ - _____
 (Individual license types only. Use number on file with the board.)

* 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.

3. Date of Birth (If applicable) _____ 4. Contact Numbers _____
 Primary Telephone Alternate Telephone

5. **Current** Mailing Address on record with the board: _____

 City State Zip Code

6. Requesting Address Change for:

A. Virginia License Number: _____ License Type:

Name as it appears on License: _____

NEW <u>Mailing</u> Address (PO Box accepted): _____ _____ _____ City State Zip Code	NEW <u>Street</u> Address (PO Box <u>not</u> accepted): _____ _____ _____ City State Zip Code
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Check box if Street Address is the same as the Mailing Address.

B. Virginia License Number: _____ License Type:

Name as it appears on License: _____

NEW <u>Mailing</u> Address (PO Box accepted): _____ _____ _____ City State Zip Code	NEW <u>Street</u> Address (PO Box <u>not</u> accepted): _____ _____ _____ City State Zip Code
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Check box if Street Address is the same as the Mailing Address.

If changing more than two license types, please add an additional request form to your submission.

7. Old E-mail Address _____

New E-mail Address _____

Email address is considered a public record and will be disclosed upon request from a third party.
NOTE: This will not change your existing User ID (log-in) when using DPOR on-line services.

8. I certify that all information provided on this form is true and accurate, and that I am authorized to request the changes herein.

Signature _____ Print Name _____ Date _____

Please sign and submit this form to the DPOR mailing address provided above or **Fax to (866) 266-6818**

IF YOU NEED TO REPORT A NAME CHANGE, PLEASE COMPLETE THE [NAME CHANGE FORM](#)