



**Real Estate Appraiser Board
 BUSINESS REGISTRATION APPLICATION
 Fee \$160.00**

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

➤ If the business registration has been *expired* for more than 30 days, you must **reinstate**. If the business registration has been expired for more than 90 days, you must **reapply**.

1. Have you ever held a current or expired Business Entity license with the Virginia Real Estate Appraiser Board?

No

Yes If yes, provide your license number and expiration date below:

VA License Number

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 Expiration Date _____

2. Business Entity/Sole Proprietor Name _____

➤ A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.

3. Assumed or Fictitious Name [▲] _____

▲ If an **assumed/fictitious name** is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to [§59.1-69](#) of the *Code of Virginia* must be attached to this application.

4. A. Type of business entity (select only **one**)

Sole Proprietorship General Partnership [★] Solely Owned LLC Corporation

Limited Partnership Limited Liability Company Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

B. State Corporation Commission (SCC) Number: _____ (If applicable)

➤ All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No **person, partnership, limited liability company or corporation** shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.

For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

★ **General Partnerships** should attach recording data or a certificate of partnership issued by the Virginia State Corporation Commission (SCC).

BOARD USE ONLY	SCC	ISSUE DATE	TRADE NAME REGISTERED No <input type="checkbox"/> Yes <input type="checkbox"/>	DATE		
Office Use Only	DATE	FEE	TRANS CODE 1020	ENTITY # 4008	FILE #/LICENSE #	ISSUE DATE

5. Provide **one** of the following identification numbers*:

Business Federal Employer Identification Number (EIN)

____ - _____
Federal Employer Identification Number (12-3456789)

Sole Proprietor's/Individual's Social Security Number **and/or**

____ - ____ - _____

Virginia Department of Motor Vehicles Control Number

Social Security or Virginia DMV Number (123-45-6789)

- Enter the same identification number as used on previous applications or licenses on file with the department.
- * State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

6. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

City State Zip Code

7. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

City State Zip Code

8. Contact Numbers

Primary Telephone Alternate Telephone

9. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.

10. Provide the following information for a Virginia licensed/certified real estate appraiser who will serve as the contact person for this business entity:

Name _____

Virginia License Number _____

11. Provide the following information for the registered agent, an associate, or a partner of the business entity applying for this registration:

A. Name

Last First Middle Generation

B. Title

C. Mailing Address (PO Box accepted)

(Residential Address)

City State Zip Code

12. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 20.1, of the Code of Virginia and the Virginia Real Estate Appraiser Board Regulations.

Signature _____ Date _____

(Individual named in question #10.)