



**ADDRESS CHANGE FORM**

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 Mailing Address (PO Box accepted): \_\_\_\_\_ NEW Street Address (PO Box not accepted): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip Code      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip Code

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 Mailing Address (PO Box accepted): \_\_\_\_\_ NEW Street Address (PO Box not accepted): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip Code      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip Code

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 \_\_\_\_\_ 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](#)**