



**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 Name _____

3. Trade, "Doing Business As" (DBA) or Fictitious Name [▲] _____

[▲] **All business entities with a fictitious name must** attach a copy of the certificate filed with the Clerk of the Court in the locality where business entity will be conducted.

4. Select **one** of the following and provide the information for the business entity below.

Business Federal Employer Identification Number (FEIN)❖

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Federal Employer Identification Number (12-3456789)

❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

Sole Proprietor's Social Security Number **or**

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Sole Proprietor's VA Department of Motor Vehicles Control Number*

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

* 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.

5. Mailing Address (PO Box accepted) _____

The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

6. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

7. Email Address _____

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 #	FILE #/LICENSE # 4008	ISSUE DATE

8. Contact Numbers _____
Primary Telephone Alternate Telephone

9. Type of business entity (select only one)

- Sole Proprietorship General Partnership* Other, please specify:
 Limited Partnership* Corporation*
 Limited Liability Company* Association _____

State Corporation Commission Number: _____

♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission (**including out of state businesses**). 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).

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

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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.)