

Real Estate Board  
FIRM NAME/ADDRESS CHANGE FORM  
No Fee Required

- A copy of your amended "Certificate of Authority" issued by the State Corporation Commission. If you are a sole proprietor, you can submit the "Change of Firm Name" papers filed with the Clerk of the Court in your jurisdiction.
- You must **attach all license affiliated with the firm** before the NEW firm name and/or address change is processed.

1. Firm Name \_\_\_\_\_
2. Trade, "Doing Business As" (DBA) or Fictitious Name(s) <sup>▲</sup> \_\_\_\_\_

*If applying as a sole proprietor (Broker-owned) business, include name under which the business is to be organized and conducted.*

<sup>▲</sup> All business entities with DBA and Fictitious names must attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if required by the locality).

3. Firm's Federal Employer Identification Number 

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❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number.

4. Firm's Virginia Real Estate License Number: 

0	2	2	6						
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5. Firm's Mailing Address \_\_\_\_\_  
(PO Box accepted) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Firm's E-mail Address \_\_\_\_\_

7. Firm's Contact Numbers \_\_\_\_\_  
Primary Telephone Alternative Telephone Fax

8. Firm's Principal Broker Name: \_\_\_\_\_  
Last First Middle Generation

9. Firm's Virginia Principal Broker Real Estate License Number: 

0	2	2	5						
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10. Are you applying to change the firm's **name**?

No ☐

Yes ☐ If yes, provide the following information:

A. Firm's **new** Name: \_\_\_\_\_

B. Trade, "Doing Business As" (DBA) or Fictitious Name(s) <sup>▲</sup> \_\_\_\_\_

<sup>▲</sup> All business entities with DBA and Fictitious names must attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if required by the locality).

11. Are you applying to change to firm's **address**?

No ☐

Yes ☐ If yes, provide the following information:

A. **New Mailing Address**  
(PO Box accepted)

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B. **New Street Address**  
(PO Box not accepted)  
**PHYSICAL ADDRESS REQUIRED**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

C. **Firm's Contact Numbers**

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Alternative

\_\_\_\_\_  
Fax

12. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the firm's or my license status.

Principal Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_