Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8526
www.dpor.virginia.gov



Real Estate Board SALESPERSON - ACTIVATE/TRANSFER APPLICATION

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

Select one of the following

			2616	ect <u>one</u> t	or the rollo	wing		_			
)	X Action				Fee				
			Activati	Activation of Salesperson License							
			\$60.00 Transfer of Salesperson License								
1.	You must hold a receptived, you must Virginia license nun Virginia License N	RENEW of mber and e	or <i>REINSTAT</i>	TE your e below:	license p			this applicat	•		
2.	Legal Name Last			First			Middle			Generation	
3.	Provide one of the f	following in	dentification n	umbers.		4	<i></i>				
	Social Security * State law requires e by the Commonwea	every applican alth to provide	nt for a license, cert	tificate, regi		her authorizat	tion to engag			or occupation	on issued
4.	Applicant's Mailing (PO Box accepted										
5.	Applicant's Street Address RESIDENTIAL (PHYSICAL) ADDRESS REQUIRED (PO Box not accepted)			City Ch	neck here if S	lreet Address	is the <u>same</u>	as the Mailing A	State Address listed abo	Zip Co	ode
				City					State	Zip Co	ode
6.	Applicant's E-mail A	Address									
7.	Applicant's Contact Numbers			y Telephoi	<u>n</u> Δ	Alte	rnative Tele	<u>anhone</u>		Fax	
8.	Firm/Sole Proprietor	rshin Infor	•					sprioric		Tux	
U.	A. Firm/Sole Pi	·		TIOTH YOU	al licerisc	Will DC <u>22</u>	<u></u>				
	B. Trade, "Doir	ng Busines	ss As" (DBA) (or Fictition	ous Name						
OFFICE USE	DATE	FEE	TRANS CODE	EN	NTITY#	0225		ILE #/LICENSE #		ISSUE	DATE
ONLY			3020			0225)				

	C.	Firm's/Sole	Proprietor's Virginia Rea	I Estate License	e Number:	0 2 2 6				
	D.	Firm/Sole F	roprietor's Mailing Address	SS	(if applicable) DO NOT INCLUDE DASHES (1234567890)					
			,							
				City			State	Zip Code		
	Ε.		Proprietor's E-mail Addres							
	F.	Firm/Sole F	Proprietor's Contact Numb	oers						
			Telephone		Alternative		Fax			
	G.	Firm/Sole Proprietor's Principal Broker's Name:								
		Last	Fir	st	N	Middle		Generation		
	Н.	Principal B	roker's Virginia Real Esta	te License Num	ber:		5	10015 (2000)		
9.	Have body No Ye	? 	en subject to a disciplinar			g Virginia) local, s		nal regulatory		
	. 0		ority to issue such order, de			Sision by a count of	regulatory age	oney war lawlar		
10.	Α.	United State injury within	rer been convicted or four its of a misdemeanor inverse the past five years there and contendere shall be a life yes, list the misdemean information you wish to haparole or probation; refere separate sheet of paper.	volving moral being no appe considered a considered a considered when conviction(save considered when consider	turpitude, sexual pending there onviction. s). Attach your vith this applicatio	al offense, drug from or the time for original criminal has n (i.e., information of	distribution or appeal have sistery record on the status of	or physical ving elapsed? and any other of incarceration,		
		United States	er been convicted or four s of any felony there bein contendere shall be considered probation; reference letter sheet of paper.	ng no appeal pe idered a convicu ction(s). Attach y with this applic	ending therefrom tion. your <u>original crimi</u> ation (i.e., inform	or the time for ap	opeal having of and any other is of incarcera	elapsed? Any information you tion, parole or		
	0	ther than Virgin	history record may be obtained ia; must provide an original of s may request complete crir	ficial criminal histo	ry record from each	state/jurisdiction in w	which they have	been convicted.		

804-674-6718.

11.	Have you ever violated the fair housing laws of any jurisdiction?						
	No						
	Yes If yes, attach a certified copy of the final order, decree, case decision or conciliation agreement by a couregulatory agency with lawful authority to issue such order, decree, decision or agreement.	ırt or					
a Virgappoi your t serve trade	gning this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you ginia Real Estate License, you understand that this application serves as a written power of attorney, whereby nt the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may d and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of or profession practiced; and that by submitting this application you hereby agree that any lawful process against is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.	you be y be the you					
12.	I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed information that might affect the Board's decision to approve this application. I certify that I will notify the Departmer am subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) within thirty cale days of such action/conviction. I certify that I have read, understood and complied with all the laws of Virginia underprovisions of Title 54.1, Chapter 21 of the <i>Code of Virginia</i> and the <i>Virginia Real Estate Board Regulations</i> . I further attest that I shall have a good reputation for honesty, truthfulness, and fair dealing, and be competed transact the business of a real estate salesperson in such a manner as to safeguard the interests of the public. If transferring my license, I affirm I have notified my <i>current</i> broker of the fact I am leaving his/her firm.	nt if I ndar r the					
	Applicant's Signature Date						
13.	Broker's Statement (must be completed by either the principal or supervising broker with <i>signatory authority</i> who wiresponsible for the applicant's real estate activities.)	ill be					
	I, authorize						
	(Print Name of Principal or Supervising Broker) (Applicant's Name)						
	to apply to transfer his/her license with the real estate firm listed on this application. I affirm I verified the applicant's license has not expired, I have reviewed the application as well as the answers provided by the applicant and the application is complete. It is my opinion that said licensee is honest, truthful and of good reputation and that he/she is competent to transact the business of a real estate salesperson in such a manner as to safeguard the interest of the public. I certify that I will actively supervise and train the licensee during the period the licensee is under my supervision. Therefore, I hereby assume responsibility effective as of the date below for the above-named licensee pursuant to Title 54.1, Chapter 21, of the <i>Code of Virginia</i> and the <i>Real Estate Board Regulations</i> .						
	Principal Broker's Signature Date						
	<u> </u>						
	Supervising Broker's Signature Date						
	Supervising Broker Virginia Real Estate License Number: O 2 2 5 DO NOT INCLUDE DASHES (1234567890)						

Salesperson must first sign and date this application *prior to* the Principal/Supervising Broker/Sole Proprietor's signature.

Application can not be processed if signatures are not in order.