



Real Estate Board
FIRM PRINCIPAL BROKER/OFFICER CHANGE FORM
No Fee Required

- You must return both the **current** Principal Broker and **new** Principal Broker license to process the change (if both individuals currently work for the referenced firm.)
- Please include any supplemental applications and fees that may be required for the new principal broker (i.e., *Broker License Application, Activate/Transfer License Application or Concurrent Broker Application*).

1. Firm/Sole Proprietor's Name _____

2. Trade, "Doing Business As" (DBA) or Fictitious Name _____

3. Firm/Sole Proprietor's Virginia Real Estate License Number:

0	2	2	6						
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DO NOT INCLUDE DASHES (1234567890)

4. Firm/Sole Proprietor's Mailing Address _____

City _____ State _____ Zip Code _____

5. Firm/Sole Proprietor's E-mail Address _____

6. Firm/Sole Proprietor's Contact Number _____
Primary Telephone Alternative Telephone Fax

7. Are you applying to change to firm's **Principal Broker**?

No

Yes If yes, provide the following information for the current Broker and the new Broker:

A. Firm's **current** Principal Broker Name:

Last _____ First _____ Middle _____ Generation _____

B. **Current** Principal Broker's Virginia Real Estate License Number:

0	2	2	5						
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DO NOT INCLUDE DASHES (1234567890)

C. Will the current Principal Broker become an Associate broker for this firm?

No

Yes

D. Firm's **new** Principal Broker Name:

Last _____ First _____ Middle _____ Generation _____

E. **New** Principal Broker's Virginia Real Estate License Number:

0	2	2	5						
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DO NOT INCLUDE DASHES (1234567890)

BOARD USE ONLY	SCC	ISSUE DATE	ACTIVE	TRADE NAME REGISTERED	DATE
			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	

8. Are you applying to change the firm's **Officer**?

No

Yes If yes, provide the following information:

Any change to the Firm's Officer(s) must be updated with the State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

A. Is the real estate firm a **limited liability company**?

No

Yes If yes, provide the following information for each member and managing member of the limited liability company. ***Every managing member who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.***

Full Name (print name)	Member	Managing Member*	VA Real Estate License No. (if licensed). Otherwise provide Social Security No. or VA DMV Control No.	Actively Participate
				in VA business?
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>

B. Is the real estate firm a **corporation**?

No

Yes If yes, provide the following information for each officer and Director from your corporation. ***Every officer who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.***

Full Name (print name)	Officer's* Title or Director	VA Real Estate License No. (if licensed). Otherwise provide Social Security No. or VA DMV Control No.	Actively Participate
			in VA business?
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>

C. Is the real estate firm a **sole proprietorship or partnership**?

No

Yes If yes, provide the following information for each sole proprietor or partner from your partnership. ***Every partner who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.***

Full Name (print name)	Sole Proprietor	Partner* of Partnership	VA Real Estate License No. (if licensed). Otherwise provide Social Security No. or VA DMV Control No.	Actively Participate
				in VA business?
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>

D. Is the real estate firm an **association**?

No

Yes If yes, provide the following information for each associate from your association. ****Every associate who actively participates in this firm's Virginia brokerage business must hold a license as a Virginia Real Estate Broker.***

Full Name (print name)	Associate*	VA Real Estate License No. (if licensed). Otherwise provide Social Security No. or VA DMV Control No.	Actively Participate in VA business?
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>

9. 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.

Current Principal Broker's Signature _____ Date _____
Signature of Individual listed in #7.A.

New Principal Broker's Signature _____ Date _____
Signature of Individual listed in #7.D.

The Owner's Signature is required ONLY if the current Principal Broker did not sign above.

Owner's Name _____
Last First Middle Generation

Owner's Signature _____ Date _____