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 IN-STATE EXPERIENCE VERIFICATION FORM Experience Obtained in Virginia

- This form must be completed by a <u>principal broker</u> or <u>supervising broker</u> who can attest to the applicant's real estate sales experience during the required time-period.
- > Photocopies of this form may be used to accommodate different brokers who have supervised the applicant during the required time-period.
- > Please Note: Applicants <u>cannot</u> verify their own experience.

Broker Applicants

18 VAC 135-20-40.2 and 18 VAC 135-20-60.7 of the *Real Estate Board Regulations* require applicants for real estate broker licenses to be actively engaged as a real estate salesperson/broker for a period of 36 of the 48 months immediately preceding their application for licensure.

1.	Applicant's Name			
2.	Last Provide one of the following identification Social Security Number or * State law requires every applicant for a license, of the Commonwealth to provide a social security.	Virginia DMV Control Number certificate, registration or other authorized	ation to engage in a business, trade, p	
3.	Firm's Name (where experience obtained)			
4.	Firm's Virginia Real Estate License Number: 0 2 2 6			
5.	Firm's Contact Numbers			
6.	Firm's Principal Broker or Supervising Br	•	ative Telephone	Fax
7.	Last Broker's Statement (must be completed applicant's real estate activities.)	First d by either the principal or	Middle supervising broker who wa	Generation as responsible for the
I,	, the firm's, (Print Name of Broker) , (Title - Principal or Supervising Broker)			
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has i	y that the above-named applicant has/had been actively engaged (active licensure values ties defined in §54.1-2100 - §54.1-2101 of that I have direct knowledge of the applic	with the licensed real estate of the Code of Virginia) for a	e firm or sole proprietorshi n average of at least 40 ho	p in performing those ours per week. I also
	— months from(MM	to (MM/DD/YYYY)	(Complete for each ac	ctive period)
	Principal Broker's Signature		Da	ite
	Virginia Real Estate License Number:	0 2 2 5		
	or Supervising Broker's Signature		Da	ite
	Virginia Real Estate License Number:	0 2 2 5		