



**Real Estate Board
 BRANCH OFFICE - ADDRESS CHANGE FORM
 No Fee Required**

1. Firm's Name _____

2. Trade, "Doing Business As" (DBA) or Fictitious Name(s): (If applicable)

3. Firm's State Corporation Commission (SCC) Number: (If applicable)

4. Firm's Federal Employer Identification Number:

--	--

 -

--	--	--	--	--	--	--	--	--	--

5. Firm's Virginia Real Estate License Number:

0	2	2	6						
---	---	---	---	--	--	--	--	--	--

6. Firm's Mailing Address _____
 (PO Box accepted)

APT/Unit # City State Zip Code

7. Firm's Contact Numbers _____
Primary Telephone Alternate Telephone Fax

8. Firm's Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.

9. Firm's Principal Broker Name:

Last First Middle Generation

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

0	2	2	5						
---	---	---	---	--	--	--	--	--	--

11. Branch Office - New Information:
 A. Branch Office's Virginia Real Estate License Number:

0	2	2	6						
---	---	---	---	--	--	--	--	--	--

B. Branch Office - New Mailing Address **ADDRESS MUST BE DIFFERENT FROM THE FIRM ADDRESS**
 (PO Box accepted)

APT/Unit # City State Zip Code

C. Branch Office - New Street Address **ADDRESS MUST BE DIFFERENT FROM THE FIRM ADDRESS**
 (PO Box not accepted)
PHYSICAL ADDRESS REQUIRED
 Check here if Street Address is the same as the Mailing Address listed above.

D. Branch Office's Contact Numbers

Telephone Alternative

12. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration.
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the Department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 21, of the *Code of Virginia* and the *Virginia Real Estate Regulations*.

Principal Broker's Signature _____ Date _____

- If the branch has a PO Box this is the address that will be on the Branch license.
- The branch can use any of the firms designated Trade, "Doing Business As" (DBA) or Fictitious Name(s): but it will not show on the Branch license.

Staple Original Branch Office License Here
NO COPIES