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

Department of Professional and Occupational Regulation

Real Estate Board
SUPERVISING BROKER CERTIFICATION FORM
No Fee Required

This form must be completed by a Supervising Broker located more than 50 miles from the place of business or the branch office and there are licensees who regularly conduct business assigned to the Branch Office or place of business.

1. Supervising Broker _____ (Last) _____ (First) _____ (Middle) _____ (Generation)
2. Supervising Broker's Virginia Real Estate License Number | 0 | 2 | 2 | 5 | | | | | | | DO NOT INCLUDE DASHES (1234567890)
3. Firm Name _____
4. Firm Virginia Real Estate License Number | 0 | 2 | 2 | 6 | | | | | | | DO NOT INCLUDE DASHES (1234567890)
5. Branch Office Virginia Real Estate License Number: | 0 | 2 | 2 | 6 | | | | | | | DO NOT INCLUDE DASHES (1234567890)
6. Branch Office Street Address _____
   _____ (APT/Unit #) _____ (City) _____ (State) _____ (Zip Code)
7. Branch Office Contact Numbers _____ (Primary Telephone) _____ (Alternate Telephone) _____ (Fax)
8. I, the undersigned, certify that I have complied with the requirements of the Virginia Real Estate Board Regulation 18VAC135-20-165.

Principal Broker's Signature _____ Date _____

Supervising Broker's Signature _____ Date _____

THIS FORM IS REQUIRED TO BE MAINTAINED BY THE SUPERVISING BROKER AT THE BRANCH OFFICE FOR THREE YEARS.
DO NOT SEND THIS FORM TO THE REAL ESTATE BOARD.