Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Department of Professional and Occupational Regulation

Real Estate Board
IN-STATE EXPERIENCE VERIFICATION FORM
Experience Obtained in Virginia

- This form must be completed by a **principal broker** or **supervising broker** who can attest to the applicant's real estate sales experience during the required time-period.
- A separate form is required from each principal or supervising broker attesting to the applicant's real estate sales experience during the time-period the licensee worked for the firm listed in Question #3.
- Applicants **cannot** verify their own experience.

Broker Applicants
18VAC135-20-40.2 and 18VAC135-20-60.7 of the *Real Estate Board Regulations* require applicants for real estate broker licenses to be actively engaged as a real estate salesperson for 36 of the 48 months immediately preceding their application for licensure.

1. Applicant's Name _____ (Last) _____ (First) _____ (Middle) _____ (Generation)

2. Provide at least **one** of the following identification numbers✳:
   - ☐ Social Security Number and/or ☐☐☐ - ☐☐ - ☐☐☐☐
   - ☐ Virginia Department of Motor Vehicles Control Number ☐☐☐☐☐☐☐☐☐

   ➢ Enter the same identification number as used on examination, previous applications or licenses on file with the Department.

   ✳ State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Firm Name (where experience obtained) _____

4. Firm Virginia Real Estate License Number 0226☐☐☐☐☐☐
   DO NOT INCLUDE DASHES (1234567890)

5. Firm Contact Numbers _____ (Primary Telephone) _____ (Alternate Telephone) _____ (Fax)

6. Firm Principal Broker or Supervising Broker's Name
   _____ (Last) _____ (First) _____ (Middle) _____ (Generation)

7. **Broker's Statement** (must be completed by either the principal or supervising broker who was responsible for the applicant's real estate activities)

   I, _____ (Print Name of Principal or Supervising Broker) the firm's ☐ Principal Broker ☐ Supervising Broker

   certify that the above-named applicant has/had been employed by, or associated with the real estate firm listed above; and has been actively engaged (active licensure with the licensed real estate firm or sole proprietorship in performing those activities defined in § 54.1-2100 through § 54.1-2101 of the *Code of Virginia*) for an average of at least 40 hours per week. I also certify that I have direct knowledge of the applicant's activities.

   _____ (Number of Months) months from _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY) (Complete for each active period)

   Principal or Supervising Broker's Signature _____ Date _____

   Broker's Virginia Real Estate License Number 0225☐☐☐☐☐☐
   DO NOT INCLUDE DASHES (1234567890)