



**Real Estate Board
 CONCURRENT BROKER ACKNOWLEDGEMENT FORM**

To be completed by the principal broker of each real estate firm at which the applicant **currently** serves as an ASSOCIATE BROKER. This form is not required from firms at which the applicant currently serves as a PRINCIPAL BROKER.

1. Associate Broker
 Last _____ First _____ Middle _____ Generation _____
2. Associate Broker's Virginia Real Estate License Number

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

 DO NOT INCLUDE DASHES (1234567890)
3. Current Firm/Sole Proprietorship's Name _____
4. Trade, "Doing Business As" (DBA) or Fictitious Name _____
5. Firm/Sole Proprietorship's Virginia Real Estate License Number

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

 DO NOT INCLUDE DASHES (1234567890)
6. Firm/Sole Proprietor's Mailing Address (PO Box accepted) _____

 APT/Unit # _____ City _____ State _____ Zip Code _____
7. Firm/Sole Proprietorship's Contact Numbers

 Primary Telephone _____ Alternate Telephone _____ Fax _____
8. Firm/Sole Proprietorship's E-mail Address _____
9. Firm/Sole Proprietor's Principal Broker's Name
 Last _____ First _____ Middle _____ Generation _____
10. Firm's Principal Broker/Sole Proprietors Real Estate License Number

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

 DO NOT INCLUDE DASHES (1234567890)
11. Broker's Statement (must be completed by the broker who is responsible for the applicant's current real estate activities.)
 I, _____ hereby acknowledge that I have received written notice of

 Print Name of Principal Broker/Sole Proprietor

 Name of Associate Broker listed in Question #1
 application for concurrent licensure and affiliation as an
 Associate Principal Broker with the following firm:
 New Firm/Sole Proprietorship Name _____
 New Firm/Sole Proprietorship's Virginia Real Estate License Number

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

 DO NOT INCLUDE DASHES (1234567890)
 Firm/Sole Proprietor's Mailing Address _____

 APT/Unit # _____ City _____ State _____ Zip Code _____
12. Principal Broker/Sole Proprietor's Signature _____ Date _____
 (signature of person completing this form)