

COMPLETING THE EXAMINATION REGISTRATION FORM

1. **LEGAL NAME** Print your legal name in the boxes provided, using one box per letter. If your name is longer than the boxes allow, print as many letters as possible. Include full middle name if you have one.
2. **SOCIAL SECURITY OR VA DMV #** Your Social Security or Virginia DMV Number is used for identification purposes only. Print only one number per box. **YOU MUST USE THE NUMBER THAT YOU PROVIDE TO YOUR SCHOOL, WHEN SCHEDULING FOR THE EXAMINATION, AND WHEN APPLYING FOR LICENSURE.**
3. **BIRTH DATE** Please provide your date of birth (i.e. "06-01-50" for June 1, 1950).
4. **MAILING ADDRESS** Print only one letter or number per box. Do not include punctuation marks; leave blank spaces to show spaces. **All information will be sent to the address you provide here.**
5. **TELEPHONE** Please provide both home and office phone numbers (including area codes).
6. **EMAIL ADDRESS** Please provide your email address on the line provided. This email address will not be forwarded to DPOR.
7. **EXAMINATION** Place an "X" in the box indicating the examination for which you are registering if you are applying by examination. If you are applying by reciprocity see #9.
8. **EXAMINATION PORTION** Place an "X" in the box indicating which portion(s) of the examination you wish to take. **NOTE: You must pass both portions to qualify for licensure if you are applying by examination. Reciprocal applicants only need to pass the state portion.**
9. **RECIPROCITY** Check the box if you will be applying for a reciprocal license in Virginia. If you are applying for a license by reciprocity OR have a letter from the Board giving you permission to take the exam, you MUST register via mail or fax the registration form. If you are applying by reciprocity a copy of your license MUST accompany the registration form and if you have a permission letter from the Board a copy MUST accompany the registration form. Reciprocal candidates are required to take the state portion only.
10. **FEE AND PAYMENT** Complete the fee and credit card information.
11. **RELEASE** Check the "Yes" box if you authorize PSI to release your name, address, telephone number, and pass/fail result to real estate schools, brokers, or other interested parties. Check "No" if you do not want this information released.
12. **SCHOOL CODE** If you completed your pre-license education in Virginia, identify the real estate school that you last attended using the table listed below. Fill in the four-digit code in the space provided (or "9999" if the school you last attended is not on the list).
13. **EXAM ACCOMMODATIONS REQUEST** Applicants with disabilities must follow the instructions on the Exam Accommodations Request Form (at the end of this bulletin) and include required documentation.
14. **SIGNATURE** All applicants are required to read the affidavit, then sign and date the application as you would a check or legal document. **The application is not complete and will not be accepted if it is submitted without your signature.**