

VIRGINIA REAL ESTATE EXAMINATION REGISTRATION FORM

Before you begin...

Be sure to read the section titled "Registration Procedures" in the Virginia Real Estate Candidate Information Bulletin before filling out this form. You must provide <u>all</u> information requested and submit the appropriate fee. PLEASE TYPE OR PRINT LEGIBLY. Registration forms that are incomplete, illegible, or not accompanied by the proper fee will be returned unprocessed.

BE SURE TO COMPLETE BOTH SIDES OF THIS FORM

	DE SORE TO COM LETE BOTTI SIDES OF THIS FORM.
1. Legal Name:	
i. Legal Haine.	
	Full Legal Name (including Full Middle Name if you have one)
Social Security or VA DMV #:	(FOR IDENTIFICATION PURPOSES ONLY)
3. Birth Date:	M M O D D Y Y
4. Mailing Address:	Number, Street Ste/Apt No
	City State Zip Code
5. Telephone: Home	
6. Email Address:	
7. Examination: (Check of	one) Salesperson (\$60)
8. Examination Portion:	(Check one)
9. Reciprocal: Yes	No (proceed to #10)
	Reciprocal State/States:
	☐ Reciprocal Salesperson State ONLY (\$60) ☐ Reciprocal Broker State ONLY (\$
RECIPF	ROCAL SALESPERSON AND BROKER APPLICANTS ARE REQUIRED TO TAKE THE STATE PORTION ONLY
check, or company ch	\$ Registration fees may be paid by credit card, money order, certified check, cashier's neck. CASH AND PERSONAL CHECKS ARE NOT ACCEPTED. Make your money order or check payable to Pand/or Social Security Number or DMV Number on it. <i>Note: Examination fees are not refundable</i> .
FAX OR PHONE RE-REGI education certification t	ISTRATION WHEN APPLYING BY EXAMINATION is available only to those candidates who have previously provided to PSI.

YOU MUST FILL OUT THE NEXT PAGE

If you are paying by credit card	d, check one: □ Visa □ MasterCard □ American Express □ Discover
Card No:	Exp. Date:
Card Verification No:	The card verification number may be located on the back of the card (the last three digits on the signature strip) or on the front of the card (the four digits to the right and above the card account number).
Bill Street Address:	Billing Zip Code:
Cardholder Name (Print):	Signature:
	the permission for my name, address, telephone number, and pass/fail result to be released lestate schools, brokers, or other interested parties who request them.
12. School Code:	Please refer to the Virginia School Codes to locate your education provider's code.
13. Exam Accommodations Reque bulletin)	est: I am requesting an Exam Accommodation (Please see the instructions at the end of this Yes No
license law, regulations of the am not currently licensed in \	mation in this form is correct and that I have read and understand the Virginia real estate e Virginia Real Estate Board, and the Candidate Information Bulletin. Further, I certify that I Virginia for the type of examination for which I am applying, that I am not affiliated with a al, instructor, or designee taking the examination for any purpose other than to obtain a
Signature of Applicant	

Complete and sign this form and submit with appropriate payment to:

PSI * ATTN: Examination Services VA RE
3210 E Tropicana Ave * Las Vegas, NV* 89121
VA.ApplicationProcessor@psionline.com * Fax (702) 932-2666 * (855) 340-3910 * TTY (800) 735-2929
https://test-takers.psiexams.com/vare