



**NEW FIRM  
OWNER/PRINCIPAL BROKERS APPLICATION  
ALL INFORMATION MUST MATCH DPOR RECORDS**

**Application must be completed in full to be accepted**

**Section I – Firm Application:**

Principal Broker Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm DBA Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Broker's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**(Copy of Principal Brokers License must accompany this application)**

Place of business is in compliance with local zoning regulations?  **YES** or  **NO**

I agree to attend and satisfactorily complete the required NVAR Orientation and Ethics Class within 60 days of submitting application for members. Date of Completion: \_\_\_\_\_

**Section II – Certifications:**

I agree that by becoming and remaining a member of Northern Virginia Association of REALTORS<sup>®</sup>, Inc., (NVAR) that I have been provided access to, and have carefully reviewed, and if elected a member, will abide by the Bylaws and the Rules and Regulations of the Association, the Bylaws of the Virginia Association of REALTORS<sup>®</sup>, the Constitution and Bylaws of the NATIONAL ASSOCIATION OF REALTORS<sup>®</sup> and to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS<sup>®</sup>, including the duty to arbitrate controversies arising out of real estate transactions as specified by Article 17 of the Code of Ethics, and as further defined and in accordance with the procedures set forth in the Code of Ethics and Arbitration Manual as from time to time amended.

I certify that as the Principal Broker for the firm listed below that I have the authority to compel my firm to arbitrate these disputes, to abide by the arbitration award and to comply with any arbitration award promptly.

I am actively engaged in the real estate business with an office for the conduct of such business open during normal business hours. I hold myself out to the general public as being actively engaged in the real estate business.

I am not involved in any pending bankruptcy or insolvency proceedings or otherwise involved in financial problems which could reasonably jeopardize those persons doing business with me. I further agree a credit report may be obtained on me and held in confidence by NVAR.

I agree to pay the dues and fees of NVAR as from time to time established. I understand annual dues and fees are non-refundable and that they include membership in the Virginia Association of REALTORS<sup>®</sup> and the

National Association of REALTORS®.

I agree upon expiration or termination of membership for any cause, I will discontinue use of the term REALTOR®.

**Section III – Qualifications:**

Are you a party to a current or pending professional standards proceedings (membership violations, ethics or arbitration), in any local or state association/board of Realtors?  **YES\*** or  **NO**

Are you a party to any pending administrative, civil or criminal litigation regarding allegations that you or anyone affiliated with your firm has violated local, state or federal real estate laws or regulations?  **YES\*** or  **NO**

Have you ever been convicted, adjudged or otherwise recorded as guilty by a final judgment of a court of competent jurisdiction of a felony or a crime involving moral turpitude?  **YES\*** or  **NO**

**\* If you respond YES to any of the three above questions, please attach a letter explaining the situation.**

**Section IV – Firm/Branch Information:**

Name of Firm: \_\_\_\_\_

Branch Office Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Firm's License Number: \_\_\_\_\_ Website: \_\_\_\_\_

Check Applicable Box:       Sole Proprietor       Partnership       Corporation       LLC

**Section V – Designated Representative (MUST BE NVAR MEMBER AND HOLD AN ASSOCIATE BROKER LICENSE):**

I hereby designate \_\_\_\_\_  
as the Designated Representative for this branch ( if other than Principal Broker).

Designated Representative's Email Address: \_\_\_\_\_

I hereby certify that the above information is correct in all respects.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Principal Broker Applicant

**Return Completed Form via**  
email to [membership@nvar.com](mailto:membership@nvar.com)

Revised 12-22-2020

For Office Use: Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_