



EXISTING FIRM CHANGE APPLICATION

Section I - Firm Application:

- Name: _____ Last Four of SSN: _____
- Broker's License Number and Expiration Date: _____
- Firm Name: _____

Office Street Address _____ City _____ State _____ Zip Code _____
 Phone Number: _____ Fax Number: _____

- Place of business is in compliance with local zoning regulations? Yes No
- I agree to attend and satisfactorily complete the required NVAR Orientation and Ethics Class (Board Indoctrination) within 60 days of submitting application for members. Date of Completion: _____

Section II - Certification:

I agree that by becoming and remaining a member of Northern Virginia Association of REALTORS[®], Inc., 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[®], the Constitution and Bylaws of the NATIONAL ASSOCIATION OF REALTORS[®] and to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS[®], 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 ("the Manual") of this Association 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 be to 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 the Northern Virginia Association of REALTORS[®], Inc., 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[®] 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[®] and return to the Association all certificates, signs, seals or other indications of membership in the Association, State Association, and the National Association.



Section III - Qualifications:

I am not now and I have never been a party to any current or pending professional standards proceeding (membership violations, ethics or unfulfilled arbitration awards), in any local or state association/board of REALTORS®: Yes No

I am not now and I have never been 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 (including but not limited to fair housing laws): Yes No

I have never 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 No

Section IV - Firm Information: (must be completed by applicant)

A. Name of Firm: _____

B. Branch Office Address: _____

Phone#: _____ Fax#: _____

C. Firm's Branch License Number: _____

D. Check Applicable Box:

Sole Proprietor Partnership Corporation

E. Names of all sole proprietors, partners and officers in the Corporation:

| | <u>NAME</u> | <u>TITLE</u> | <u>LICENSE#</u> |
|----|-------------|--------------|-----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Remarks: _____

F. Effective Date: _____

Section V- Designated Representative:

I hereby designate: _____ as Designated Representative for this
Print Sales Manager Name (Must be NVAR Member)
branch (if other than Principal Broker).

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

Date: _____ Signed: _____
Principal Broker Applicant

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| For Office Use: Received By: _____ Date: _____ |
| Approved: _____ |