

STATE OF WEST VIRGINIA
REAL ESTATE COMMISSION
300 CAPITOL STREET, SUITE 400
CHARLESTON, WV 25301
304.558.3555
<www.wvrec.org>

APPLICATION FOR DUPLICATE LICENSE

\$10.00 Fee Required

Date of Issue _____
License # _____

It is my understanding that a license was issued in my name by the West Virginia Real Estate Commission and mailed to my business address. I affirm this license is not in my possession and hereby request that a duplicate licensed be issued.

Type of License: Broker Associate Broker Salesperson Branch Office

Name of Licensee _____

Social Security Number _____

Residence Address _____

Residence Phone Number _____

Company Name _____

Company Address _____

Company Phone Number _____

Licensee's Signature

Broker's Signature