SETTLEMENT AGENT OFFICIAL REGISTRATION FORM FOR AN INDIVIDUAL ATTORNEY



VIRGINIA STATE BAR

REGISTRATION FEE - \$40.00

Please make check payable to the "Treasurer of Virginia."

Virgini	a State I	Bar ID#_					
Full Na	me:	Mr. Mrs. Ms.	First Name		Middle Name		Last Name
(1)	Busines (Requir	ss Addre ed)	SS: (Firm Name)				
			(Street Addres	ss)			
			(Street Addres	ss)			
	Telepho	one:	(City, State, Z	ip+4)		_)	
Email:							
☐ Pur	suant to	VA Code	§ 2.2-3705.1, I req	uest that the VS	B not disclose my ema	il address.	
The da	te you w	ere licen	sed in Virginia:	_//	Is your license in Virg	inia in good standing?	Y or N
require	ation pro ments a	vided, an s a settle	d that I understand	completion of th the Virginia Co	and accurate, that I will I is official registration for nsumer Real Estate S atory authority.	m does not complete i	my public protection
Signatu	ıre:				Date:		
					WITH THE VSB'S CRESPA F		
For CR	RESPA re	gistratio	n, please forward the	e required items	listed below:		
			□ Original	al Responsibility	Certification copy if the original is or	n file at the bar)	
					00, 1111 East Main Stre ar Membership Departm		