

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 9960 Mayland Drive, Suite 400
 Richmond, Virginia 23233-1485
 (804) 367-8510
www.dpor.virginia.gov



**Common Interest Community Board
 PRINCIPAL OR SUPERVISORY EMPLOYEE CERTIFICATE RENEWAL FORM**

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

This form is to be used for the renewal of a Common Interest Community Principal or Supervisory Employee certificate issued by the Board. If this form is not received within 30 days of the certificate expiration date, a reinstatement fee is also required. After six months, this form cannot be used and the individual must apply as a new applicant.

Type of Fee	Fee Due
Renewal Fee	\$75.00
Reinstatement Fee - Did the license expire more than 30 days ago (but less than 6 months ago)?	+
<input type="radio"/> No (do not include \$ 75 fee) <input type="radio"/> Yes (add \$ 75 fee)	
TOTAL FEES DUE =	

- VA Common Interest Community Principal or Supervisory Employee Certificate No.
- Have you completed the required two hours of fair housing training as it relates to the management of common interest communities and two hours of Virginia common interest community law and regulation training? [Training received must be from a training program approved by the Board, and completed within the two-year certificate period immediately prior to the expiration date of your certificate.]
 No If no, DPOR will not be able to renew your certificate until proof of training completion is received.
 Yes If yes, attach your certificate(s) showing successful completion of the required training.
- Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required)
 First (required)
 Middle
 Generation

- Provide at least one of the following identification numbers*:
 Social Security Number *and/or* - -
 Virginia Department of Motor Vehicles Control Number
DO NOT INCLUDE DASHES (1234567890)
 ➤ Enter the same identification number as used on examination, previous applications or licenses on file with the Department.
 * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

*5. Street Address (PO Box not accepted)

City
 State
 Zip Code

*6. Mailing Address (PO Box accepted) Check here if the Mailing Address is the same as the Street Address listed above.

City
 State
 Zip Code

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
		\$75.00	2020		0510	

*7. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

* If the information provided in #5, #6 and #7 does not match the information in the Board's records, the Board's records will be updated to reflect the information contained on this form.

8. Email Address _____

9. By signing this application, I certify the following statements:

- ▶ I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to revocation or denial of the certificate.
- ▶ I certify that I will notify the Department if I am subject to any disciplinary action; convicted of any felony or misdemeanor charges (in any jurisdiction); or subject to adverse financial action prior to receiving the requested certification.
- ▶ I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the Department may desire. I also agree to present any credentials or documents required or requested by the Department.
- ▶ I authorize any federal, state or local government agency, current or former employer or other individual or business to release information which may be required for a background investigation.
- ▶ I have read, understand and complied with all the laws of Virginia related to this profession under the applicable provisions of Title 54.1, Chapter 23.3 of the *Code of Virginia* and all regulations of the Common Interest Community Board.

Signature _____ Date _____

REQUIRED ATTACHMENTS

- Proof of completion of two hours of fair housing training as it relates to the management of common interest communities and two hours of Virginia common interest community law and regulation training.