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

Department of Professional and Occupational Regulation

Common Interest Community Board
COMMON INTEREST COMMUNITY MANAGER LICENSE APPLICATION

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.

Type of Fee	Fee Due
Application Fee	$200.00
Recovery Fund Fee (§ 54.1-2354.5(B) of the *Code of Virginia*)	+ $25.00
TOTAL FEES DUE	$225.00

1. Business Entity/Sole Proprietor Name _____

2. Trade or "Fictitious" Name _____

3. Street Address (PO Box not accepted) _____

   _____ _____ _____
   City State Zip Code

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

   _____

   _____ _____ _____
   City State Zip Code

5. Email Address _____

6. Select **one** of the following and provide the information below about the business named above.

   ☐ Business Federal Employer Identification Number (FEIN) ❖ ☐☐ - ☐☐☐☐☐☐☐
   Federal Employer Identification Number (12-3456789)

   ❖ State law requires every applicant, *who is not a sole proprietor,* to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

   ☐ Sole Proprietor's 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.

7. Website Address _____

8. Contact Numbers _____ _____ _____
   Primary Telephone Alternate Telephone Fax

9. Address of office from which the firm provides management services to Virginia common interest communities.
   Street Address (PO Box not accepted) _____

   _____ _____ _____
   City State Zip Code

	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
OFFICE USE ONLY		$125	1020		0501	

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

City State Zip Code

10. Type of Organization (select only **one**)

☐ Sole Proprietorship ☐ General Partnership ☐ Association ☐ Other, please specify:
☐ Corporation♦ ☐ Limited Liability Company♦ ☐ Limited Partnership♦

State Corporation Commission Number

♦ If the firm/business is a **corporation, limited liability company,** or **limited partnership**, the firm/business must be registered with the Virginia State Corporation Commission. Firms/businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firms must register any trade or fictitious names with the State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

11. RESPONSIBLE PERSON

In accordance with 18 VAC 48-50-30.M of the Common Interest Community Manager regulations, each applicant shall designate a **responsible person** who is an employee, officer, manager, owner, or principal of the firm. **Please note that the responsible person ensures compliance with Chapter 23.3 of Title 54.1 of the *Code of Virginia* and the Board's regulations and will be the point of contact for all communications and notices from the Board or Department.** Provide the following information for the individual selected to serve as the responsible person for this firm.

a. Name of Responsible Person

b. ☐ Social Security Number ***and/or*** ☐☐☐ - ☐☐ - ☐☐☐☐

☐ ***Virginia*** Department of Motor Vehicles Control Number ✳ ☐☐☐☐☐☐☐☐☐
DO NOT INCLUDE DASHES (1234567890)

c. Street Address (PO Box not accepted)
City, State, Zip Code

d. Mailing Address (PO Box accepted)
City, State, Zip Code

e. Has the responsible person completed a Virginia common interest community laws and regulations training module as described in 18VAC48-50-252?

Yes ☐
No ☐

12. PRINCIPAL(S) OF THE FIRM

List the firm's principals below (sole proprietor, partners of a general partnership, general partner of a limited partnership, officers/directors of an association, managers (or members if not managers) of a limited liability company, or officers of a corporation). Attach a separate sheet of paper with the requested information if additional space is needed.

Individual's Full Legal Name	Principal Position	Address

13. Indicate the method by which the applicant is seeking licensure (select only **one**).

i. ☐ The applicant holds an active designation as an Accredited Association Management Company (AAMC) by the Community Associations Institute.

✹ Proof of active AAMC designation must be submitted with this application. **Proceed to Question 15.**

ii. ☐ In lieu of an active AAMC designation, the firm has at least one supervisory employee, officer, manager, owner or principal of the firm (qualifying individual) who is involved in all aspects of the management services offered and provided by the firm who has obtained one of the following:

✹ **Proceed to Question 14.**

iii. ☐ The applicant holds an active, current license, certificate or registration in another state, the District of Columbia or any other territory or possession of the United States and the requirements and standards under which the license, certificate or registration was issued are substantially equivalent to the Board's requirements for a common interest community manager license.

✹ The applicant must provide a **certification/letter of good standing** from any other jurisdiction (a copy of the license, certificate, or registration is not acceptable) where the applicant holds a license, certificate or registration to provide common interest community management services. The certification/letter of good standing must include the type of license; current status of the license; any disciplinary actions; how and when the license was issued; and an original signature and seal from the state/jurisdiction. **Proceed to Question 15.**

14. SUPERVISORY EMPLOYEE, OFFICER, MANAGER, OWNER OR PRINCIPAL (QUALIFYING INDIVIDUAL)

A. As the firm does not hold the Accredited Association Management Company designation, the applicant must have one supervisory employee, officer, manager, owner or principal of the firm (qualifying individual) who (i) is involved in all aspects of the management services offered and provided by the firm; and (ii) has completed training and/or experience pursuant to 18VAC 48-50-30.K of the Board's regulations. Provide the following information for the qualifying individual of the firm.

i. Name of Qualifying Individual _____

ii. ☐ Social Security Number ***and/or*** ☐☐☐ - ☐☐ - ☐☐☐☐

☐ ***Virginia*** Department of Motor Vehicles Control Number ✳ ☐☐☐☐☐☐☐☐☐

DO NOT INCLUDE DASHES (1234567890)

iii. Title of Qualifying Individual _____

iv. Street Address (PO Box not accepted) _____

City, State, Zip Code _____

v. Mailing Address (PO Box accepted) _____

City, State, Zip Code _____

B. Has the qualifying individual completed a Virginia common interest community laws and regulations training module as described in 18VAC 48-50-252?

Yes ☐

No ☐

C. Which of the following training/experience requirements contained in 18 VAC 48-50-30.K of the Board's regulations does the qualifying individual meet? (select only **one**) The documentation listed under the selected training/ experience requirement must be submitted with this application.

i. ☐ The individual holds an active designation as a Professional Community Association Manager (PCAM) by the Community Associations Institute.

✹ Proof of current and active PCAM designation.

ii. ☐ The individual has successfully completed a board-approved comprehensive training program as described in 18 VAC 48-50-250.B **and** has at least three years of qualifying experience. ⁂

✹ A copy of the certificate(s) of completion or other documentation showing evidence of completion of a board-approved comprehensive training program **and** a completed EXPERIENCE VERIFICATION FORM that documents the required qualifying experience.

iii. ☐ The individual has successfully completed a board-approved introductory training program as described in 18 VAC 48-50-250.A **and** has at least five years of qualifying experience.⁂

- A copy of the certificate of completion or other documentation showing evidence of completion of a board-approved introductory training program **and** a completed EXPERIENCE VERIFICATION FORM that documents the required qualifying experience.

iv. ☐ The individual has not completed a board-approved training program but is requesting board consideration of the credentials obtained through documented course work that is equivalent to a board-approved comprehensive training program **and** has completed at least ten years of qualifying experience. ⁂

- A completed COMPREHENSIVE TRAINING PROGRAM EQUIVALENCY FORM **and** a completed EXPERIENCE VERIFICATION FORM that documents the required qualifying experience.

⁂ *Qualifying experience* is experience providing management services, the quality of which demonstrates to the Board that the individual is competent to have supervisory responsibility or principal responsibility for management services.

15. A. Do all employees of the firm who have principal responsibility for management services provided to a common interest community or who have supervisory responsibility for employees who participate directly in the provision of management services to a common interest community qualify based on one of the following requirements?

i. Do they hold a certificate as a **Certified Principal or Supervisory Employee** issued by the Board or work under the direct supervision of a Certified Principal or Supervisory Employee?

Yes ☐ If yes, skip to B.

No ☐ If no, answer the next question (ii).

ii. Are they within 2 years of employment with the common interest community manager named in Question 1?

Yes ☐ If yes, skip to C.

No ☐ IF NO, THIS APPLICATION CANNOT BE PROCESSED UNTIL THE APPROPRIATE EMPLOYEES OBTAIN CERTIFICATION AS A CERTIFIED PRINCIPAL OR SUPERVISORY EMPLOYEE. Have the appropriate employees complete a PRINCIPAL OR SUPERVISORY CERTIFICATE APPLICATION and submit it to the Board.

B. In the table below, provide the names and certificate numbers of the employees in the firm that hold a **current** certificate as a Certified Principal or Supervisory Employee issued by the Board. Attach a separate sheet of paper with the requested information if additional space is needed.

Name of Certified Principal or Supervisory Employee	CIC Board Certificate Number (10-digits)

C. In the table below, provide the names and starting date with the common interest community manager named in Question 1. Attach a separate sheet of paper with the requested information if additional space is needed.

Name of Certified Principal or Supervisory Employee	Starting Date

16. Applicants must **submit evidence** of a blanket fidelity bond or employee dishonesty insurance policy in accordance with § 54.1-2346(D) of the *Code of Virginia*. Proof of current bond or insurance policy with the firm as the named bondholder or insured must be submitted in order to obtain the license. Bond or insurance policy shall provide coverage in an amount equal to the lesser of $2 million or the highest aggregate amount of the operating and reserve balances of all associations under the control of the common interest community manager during the prior fiscal year. The minimum coverage amount shall be $10,000.

By signing this application, the applicant certifies that the aggregate amount of the bond or insurance policy complies with the requirements of § 54.1-2346(D).

a. Bond or insurance (select **one**) ☐ Blanket fidelity bond ☐ Employee dishonesty insurance policy

b. Bond/Policy Amount _____ Expiration Date _____

17. Does the applicant have a current or expired common interest community manager license, certification or registration in another state or jurisdiction?

No ☐

Yes ☐ If yes, complete the following table.

Business Name	State/Jurisdiction	License, Certification or Registration Number	Expiration Date

18. Have the applicant, responsible person, or any principals of the firm been subject to a disciplinary action imposed by any (including Virginia) local, state, or national regulatory body? Adverse disciplinary actions include, but are not limited to, a reprimand, revocation, suspension or denial, imposition of a monetary penalty, completion of remedial education, or any other corrective action, in any jurisdiction or by any board or administrative body, or the surrender of a license, certificate, or registration in connection with any disciplinary action in any jurisdiction prior to obtaining licensure in Virginia.

No ☐

Yes ☐ If yes, complete the Disciplinary Action Reporting Form.

19. Has the applicant, responsible person or any principals of the firm ever been convicted in any jurisdiction of **a felony** or convicted within the last three years of any non-marijuana **misdemeanor**?

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

20. During the past seven years, have the applicant, responsible person, qualifying individual, or any principals of the firm had any outstanding judgments; past-due tax assessments; defaults on bonds; or pending or past bankruptcies?

No ☐

Yes ☐ If yes, complete the Adverse Financial History Reporting Form. THE APPLICANT MUST PROVIDE ALL RELEVANT INFORMATION RELATED TO THESE MATTERS, AND SPECIFICALLY MUST PROVIDE ALL RELEVANT FINANCIAL INFORMATION RELATED TO PROVIDING MANAGEMENT SERVICES AS DEFINED IN § 54.1-2345 OF THE *CODE OF VIRGINIA*. Failure to provide adequate documentation may result in a delay in the processing of this application.

22. By signing this application, I hereby certify to the Board that (i) the applicant is authorized to transact business in Virginia; (ii) the applicant has established a code of conduct for the officers, directors and persons employed by the applicant to protect against conflicts of interest; (iii) the applicant provides all management services pursuant to written contracts with the associations to which such services are provided; (iv) the applicant has established a system of internal accounting controls to manage the risk of fraud or illegal acts; and (v) an independent certified public accountant reviews or audits the financial statements of the applicant at least annually in accordance with standards established by the American Institute of Certified Public Accountants or by any successor standard-setting authorities.

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

- ► I am authorized to bind the applicant to contracts and other legal obligations.
- ► 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 license.
- ► 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 _____

Printed Name of Signatory _____

Title _____ Date _____

✳ 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.

OPTIONAL ASSOCIATION INFORMATION

Provide the name and registration number of all communities managed by the applicant.
Attach a separate sheet of paper with the requested information if additional space is needed.

Name of Common Interest Community	Registration Number of Community

REQUIRED ATTACHMENTS

- ☐ Copy of blanket fidelity bond form or employee dishonesty insurance policy coverage form that shows, at a minimum, the provider of the bond/insurance policy, the amount of the coverage, the expiration date of the bond/insurance policy, and a summary of what is covered.
- ☐ Copy of Certificate of Assumed or Fictitious Name filed with the State Corporation Commission, or other proof of trade/fictitious name registration with the State Corporation Commission, if applicable.
- ☐ Copy of documentation showing evidence of the active AAMC designation, if applicable.
- ☐ Copy of documentation showing that the supervisory employee, officer, manager, owner, or principal of the firm (qualifying individual) has successfully completed a training program approved by the Board, if applicable.

- ☐ Copy of documentation showing evidence of an active and current PCAM designation for the qualifying individual, if applicable.
- ☐ Original certificate/letter of good standing from another state, territory, or jurisdiction in which the applicant is currently licensed, certified, or registered.
- ☐ Completed Experience Verification Form(s) documenting the qualifying individual's management services experience, if applicable.
- ☐ Completed Comprehensive Training Program Equivalency Form, if applicable, and all supplemental documentation for all coursework that is to be considered by the Board.
- ☐ Copy of documentation for affirmative responses to questions 18, 19, 20, and 21 on this application.
- ☐ Copy of documentation that the responsible person and qualifying individual, as applicable, have successfully completed a Virginia common interest community laws and regulations training module as described in 18VAC48-50-252."