Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Department of Professional and Occupational Regulation

Common Interest Community Board
COMMON INTEREST COMMUNITY MANAGER
CHANGE OF PERSONNEL FORM
No Fee Required

- This form must be completed when there is a change in the responsible person of the firm; any principal of the firm; or the supervisory employee, officer, manager, owner or principal (qualifying individual) of the firm.
- In accordance with 18 VAC 48-50-30.M of the *Common Interest Community Manager Regulations*, each Common Interest Community Manager shall designate a responsible person. The responsible person ensures compliance with Chapter 23.3 of Title 54.1 of the *Code of Virginia* and the Board's regulations and serves as the point of contact for all communications and notices from the Board or Department.
- Each firm must also have one supervisory employee, officer, manager, owner or principal (qualifying individual) who satisfies the Board's training and experience requirements. This individual may also be required to hold a Certified Principal or Supervisory Employee Certificate issued by the Board.
- All changes must be reported to the Board within 30 days of the change.

1. Business Entity/Sole Proprietor Name _____

2. Trade or "Fictitious" Name _____

3. Firm's 10-digit Common Interest Community Manager License Number | 0 | 5 | 0 | 1 | | | | | | |

4. 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.

5. Mailing Address (PO Box accepted) _____

City _____ State _____ Zip Code _____

6. Street Address (PO Box not accepted) ☐ Check here if the Street Address is the same as the Mailing Address listed above.

_____

City _____ State _____ Zip Code _____

7. Email Address _____

8. Website Address _____

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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
		NO FEE			0501	

10. Address of office from which the firm provides management services to Virginia common interest communities

Mailing Address (PO Box accepted) _____

City _____ State _____ Zip Code _____

Street Address (PO Box not accepted) _____

☐ Check here if the Street Address is the same as the Mailing Address listed above.

City _____ State _____ Zip Code _____

11. Has the **responsible person** designated for the firm named in #1 changed?

No ☐ If no, continue with question #12.

Yes ☐ If yes, complete items a through d below.

a. Name of New Responsible Person _____

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

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

DO NOT INCLUDE DASHES (1234567890)

c. Mailing Address (PO Box accepted) _____

City, State, Zip Code _____

d. Street Address (PO Box not accepted) _____

City, State, Zip Code _____

12. Have any of the **principals** of the firm named in #1 changed?

No ☐ If no, continue with question #13.

Yes ☐ If yes, complete the following table.

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. Has the **supervisory employee, officer, manager, owner or principal of the firm (qualifying individual)** named in #1 changed?

No ☐ If no, continue with question #14.

Yes ☐ If yes, complete the information below.

A. If 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 has completed training and/or experience pursuant to 18 VAC 48-50-30.K of the Board's regulations involved in all aspects of the management services offered and provided by the firm. Provide the following information for the qualifying individual of the firm.

i. Name of Qualifying Individual _____

ii. Certified Principal or Supervisory Employee Certificate Number◆ | 0 | 5 | 1 | 0 | | | | | | |

iii. Title of Qualifying Individual _____

iv. Mailing Address (PO Box accepted) _____

City, State, Zip Code _____

v. Street Address (PO Box not accepted) _____

City, State, Zip Code _____

◆ This is the 10-digit certificate number issued by the Board to principal or supervisory employees that require certification pursuant to §54.1-2346 of the Code of Virginia. If you do not currently hold the Certified Principal or Supervisory Employee certificate, you may complete the COMMON INTEREST COMMUNITY MANAGER PRINCIPAL OR SUPERVISORY EMPLOYEE CERTIFICATE APPLICATION available on the Department website at www.dpor.virginia.gov.

B. Has the qualifying individual completed a Virginia common interest community laws and regulations training module as described in 18VAC48-50-252?

No ☐ **If no, this application cannot be processed.**

Yes ☐ If yes, documentation of completion must be submitted with this application.

C. Which of the following training/experience requirements contained in 18 VAC 48-50-30.K of the Board's regulations does the above-named 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 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 qualify of which demonstrates to the Board that the individual is competent to have supervisory responsibility or principal responsibility for management services.

14. Has the firm, 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?

No ☐

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

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

No ☐

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

16. During the past seven years, has the firm, responsible person 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 MANAGEMENT FIRM NAMED IN #1 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 form.

17. 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 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 _____

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.

REQUIRED ATTACHMENTS:

☐ 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.

☐ Completed EXPERIENCE VERIFICATION FORM(S) documenting the qualifying individual's management services experience, if applicable.

☐ Completed COMPREHENSIVE TRAINING PROGRAM EQUIVALENCY FORM, if applicable, and any supplemental documentation for all coursework that is to be considered by the Board.

☐ Copy of documentation for affirmative responses to questions #14, #15, #16, and #17 on this form.

☐ Copy of documentation showing that the qualifying individual has successfully completed a Virginia common interest community laws and regulations training module as described in 18VAC48-50-252.