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 RENEWAL 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.

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

Type of Fee		Fee Due
Renewal Fee		$200.00
Reinstatement Fee - Did the license expire more than 30 days ago (but less than 6 months ago)?	+	
◯ No (do not include $100 fee) ◯ Yes (add $100 fee)		
TOTAL FEES DUE	=	$100.00

A. GENERAL INFORMATION

1. Virginia Common Interest Community Manager License Number 0 5 0 1 _ _ _ _ _ _
2. Business Entity/Sole Proprietor' Name _____
3. Trade or "Fictitious" Name _____
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. 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 _____

*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 _____

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

B. BOND/INSURANCE INFORMATION

9. Licensees are required to maintain 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 renew 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 _____

C. CERTIFIED PRINCIPAL OR SUPERVISORY EMPLOYEES

10. a. In accordance with § 54.1-2346(C) of the *Code of Virginia,* 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 2?

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.

10. 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) (First 4 digits of the registration numbers provided)
	0510
	0510
	0510
	0510
	0510
	0510
	0510

10. c. In the table below, provide the names and starting date with the common interest community manager named in Question 2. Attach a separate sheet of paper with the requested information if additional space is needed.

Name of Certified Principal or Supervisory Employee	Starting Date

D. ATTESTATION

By signing this application, I hereby certify to the Board that (i) the applicant is in good standing and 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 the standards established by the American Institute of Certified Public Accountants or by any successor standard setting authorities.

11. 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 _____

NOTE: Any changes in principals or responsible person must be submitted on the CIC Manager Change of Personnel form, available on the Department's website at www.dpor.virginia.gov or by contacting the Board office at (804) 367-8510.

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.