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

Common Interest Community Board
COMMON INTEREST COMMUNITY MANAGER
PRINCIPAL OR SUPERVISORY EMPLOYEE CERTIFICATE APPLICATION
Application Fee $75.00

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.

1. Name _____ (Last) _____ (First) _____ (Middle) _____ (Generation)

2. Provide **one** of the following identification numbers.

☐ Social Security Number ***and/or***

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

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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.

3. Date of Birth _____ (MM/DD/YYYY) (Must be at least 18 years of age.)

4. Mailing Address (PO Box accepted) _____

_____ (City) _____ (State) _____ (Zip Code)

5. 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)

6. Email Address _____

7. Contact Numbers _____ (Primary Telephone) _____ (Alternate Telephone) _____ (Fax)

8. Do you have a high school diploma or equivalent? ☐ Yes ☐ No

9. Are you currently employed by a common interest community manager?

No ☐

Yes ☐ If yes, provide the name(s) and license number(s) below.

Name of Common Interest Community Manager	CIC Manager License Number (10-digits) (First 4 digits of the license numbers provided)
	0501
	0501
	0501

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
		$75.00	1020		0510	

10. Has the applicant 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.

11. Indicate the method by which you are seeking certification. **Select only one.** The documentation listed under the selected method must be submitted with this application.

i. ☐ You hold an active designation as a Professional Community Association Manager (PCAM) by Community Associations Institute.

- Proof of current, active PCAM designation.

ii. ☐ You hold an active designation as a Certified Manager of Community Associations (CMCA) by the Community Association Managers International Certification Board and have two years of experience providing management services.

- Proof of current, active CMCA designation **and** a completed EXPERIENCE VERIFICATION FORM that documents the required management services experience must be submitted with this application.

iii. ☐ You hold an active designation as an Association Management Specialist (AMS) by Community Associations Institute and have two years of experience providing management services.

- Proof of current, active AMS designation **and** a completed EXPERIENCE VERIFICATION FORM that documents the required management services experience must be submitted with this application.

iv. ☐ You have successfully completed a Board-approved introductory or comprehensive training program, passed a certifying examination approved by the Board, and have two years of experience providing management services.

- Proof of training program completion **and** a completed EXPERIENCE VERIFICATION FORM that documents the required management services experience must be submitted with this application.

v. ☐ You hold 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 certification as a principal or supervisory employee.

- 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.

11. Have you been subject a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No ☐

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

12. Have you 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.

13. During the past seven years, have you 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.

14. 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

- ☐ Copy of documentation showing evidence of current active designation as a PCAM, AMS, or CMCA, if applicable
- ☐ Copy of documentation showing that the applicant has successfully completed an introductory or comprehensive training program approved by the Board, if applicable.
- ☐ Original certificate/letter of good standing from another state, territory, or jurisdiction in which the applicant is currently licensed, certified, or registered, if applicable.
- ☐ Completed Certified Principal or Supervisory Employee Experience Verification Form(s) documenting the applicant's management services experience, if applicable.
- ☐ Copy of documentation for affirmative responses to questions 11, 12, and 13 on this application.
- ☐ Copy of documentation that the applicant has successfully completed a Virginia common interest community laws and regulations training module as described in 18VAC 48-50-252.