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
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)?	+	
◯ No (do not include $ 75 fee) ◯ Yes (add $ 75 fee)		
TOTAL FEES DUE	=	$75.00

1. VA Common Interest Community Principal or Supervisory Employee Certificate No. 0 5 1 0 _ _ _ _ _ _

2. Have you completed the required six hours of training in accordance with 18 VAC 48-50-95?
   - No ☐ If no, DPOR will not be able to renew your certificate until proof of training completion is received.
   - Yes ☐ If yes, attach proof of completion of six hours of training in accordance with 18 VAC 48-50-95.

3. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

   Last (required) _____ First (required) _____ Middle _____ Generation _____

4. 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 _____

*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.*

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

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.