

Fair Housing Board
FAIR HOUSING CERTIFICATION APPLICATION
Fee \$25.00

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 or ☐ Virginia DMV Control Number* - -
* 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
4. Mailing Address (PO Box accepted) _____
If a mailing address is submitted, the mailing address will be printed on the license.

City State Zip Code
5. Street Address (PO Box not accepted) ☐ Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

City State Zip Code
6. Email Address _____
7. Contact Numbers _____
Primary Telephone Alternate Telephone Fax
8. Have you successfully completed 2 hours of fair housing training within 2 years of the date of this application?
No ☐ If no, this application cannot be processed.
Yes ☐ If yes, please attach an original or certified copy of your certificate of course completion.

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Office Use Only	DATE	FEE	TRANS CODE 1020	ENTITY #	FILE #/LICENSE # 0632	ISSUE DATE
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9. Within the last five years, have been found in a court of an administrative body to have violated the Virginia Fair Housing Act, the Fair Housing Laws of any jurisdiction of the United States including Title VIII of the Civil Rights Act of 1968 (82 Stat. 73), or the Civil Rights Act of 1866 (14 Stat. 27), there being no appeal there from or the time for appeal having elapsed?

No ☐

Yes ☐ If yes, list the violation and attach a certified copy of the final order, decree, case decision or conciliation agreement by a court or regulatory agency with lawful authority to issue such order, decree, decision or agreement.

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Fair Housing Certification, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

10. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action or convicted of any fair housing violations (in any jurisdiction) prior to receiving the requested certification. I also certify that I have read, understood and complied with all the laws of Virginia related to fair housing certification under the provisions of Title 54.1, Chapter 23.2, of the *Code of Virginia* and the *Virginia Fair Housing Board Certification Regulations*.

Signature _____ Date _____

APPLICATIONS AND SIGNATURES MUST BE ORIGINAL. FAXES AND COPIES WILL NOT BE ACCEPTED.