

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 Post Office Box 29570
 Richmond, Virginia 23242-0570
 (804) 367-8510
cic@dpor.virginia.gov
www.dpor.virginia.gov



**Common Interest Community Board
 COMMON INTEREST COMMUNITY MANAGER
 CHANGE OF RESPONSIBLE PERSON, PRINCIPAL,
 OR SUPERVISORY EMPLOYEE/OFFICER
 No Fee Required**

- ➔ This form must be completed when there is any change in the responsible person of the firm, any principal of the firm, or the supervisory employee or officer of the firm required pursuant to 18 VAC 48-50-30.J of the Board's Common Interest Community Manager Regulations.
- ➔ In accordance with 18 VAC 48-50-30.K of the Common Interest Community Manager Regulations, each Common Interest Community Manager shall designate a responsible person. Please note that the responsible person ensures compliance with Chapter 23.3 of Title 54.1 of the Code of Virginia and will be the point-of-contact for all mailings and correspondence from the Board or Department.
- ➔ Each firm must also have one supervisory employee or officer with five years of experience in providing management services and who has successfully completed a Board-approved comprehensive training program. If reporting a change in the supervisory employee or officer, a copy of the certificate of completion from the comprehensive training program must be submitted with this form.
- ➔ All changes must be reported to the Board within 30 days of the change.

COMMON INTEREST COMMUNITY MANAGER:

1. Business Entity/Sole Proprietor's Name _____
2. Trade or "Fictitious" Name _____
3. Firm's (10-digit) Common Interest Community Manager's License Number _____ - _____
4. Federal Employer Identification Number

--	--

 -

--	--	--	--	--	--	--	--
5. *Sole Proprietor's* Social Security No. *

--	--	--	--

 -

--	--

 -

--	--	--	--
5. Street Address (PO Box not accepted) _____
 City, State, Zip Code _____
6. Mailing Address (PO Box accepted) _____
 City, State, Zip Code _____
7. E-mail Address _____
8. Website Address _____
9. Telephone & Facsimile Numbers

() - _____	() - _____	() - _____
Telephone	Facsimile	Pager/Cellular
10. Address of office from which the firm provides management services to Virginia common interest communities:
 - a. Street Address (PO Box not accepted) _____
 City, State, Zip Code _____
 - b. Mailing Address (PO Box accepted) _____
 City, State, Zip Code _____
11. Has the responsible person designated for the firm named in #1 changed?
 Yes Please complete the information below.
 No Proceed to question 12.

- a. Name of New Responsible Person _____
- b. Social Security No. *

--	--	--

 -

--	--

 -

--	--	--	--
- c. Street Address (PO Box not accepted) _____
City, State, Zip Code _____
- d. Mailing Address (PO Box accepted) _____
City, State, Zip Code _____

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

- Yes **Please complete the information below.**
 No **Proceed to question 13.**

List all of 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 no managers) of a limited liability company, or officers of a corporation). Attach a separate sheet with the information below if additional space is needed.

Individual's Full Legal Name	Principal Position	Address

13.

Has the **supervisory employee** or **officer** with five years of experience in providing management services, as described in § 54.1-2345 of the Code of Virginia, and who has successfully completed a comprehensive training program as described in 18 VAC 48-50-250.B designated for the firm named in #1 changed? **A copy of documentation showing evidence of this employee/officer having completing the comprehensive training program is required with this form.**

- Yes **Please complete the information below.**
 No **Proceed to question 14.**

- a. Name _____
- b. Title _____
- c. Street Address (PO Box not accepted) _____
City, State, Zip Code _____
- d. Mailing Address (PO Box accepted) _____
City, State, Zip Code _____

NOTICE: By submitting this form, you attest that the person named above has five years of experience in providing management services as required by 18 VAC 48-50-30.J.

14. Has the responsible person or any principals of the firm named in items 11 and 12 above been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

- No
 Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

15. A. Has the responsible person or any principals of the firm named in items 11 and 12 above ever been convicted in any jurisdiction of **any felony**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

- No
 Yes If yes, please provide the information requested in #15.C.

B. Has the responsible person or any principals of the firm named in items 11 and 12 above ever been convicted in any

jurisdiction of **any misdemeanor** within the last three years? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No

Yes If yes, please provide the information requested in #15.C.

Please read the following instructions carefully!

- C. If you answered "yes" to either question #15.A. or #15.B., list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

*Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents **must** obtain a complete criminal history record from the Virginia State Police. You may obtain a request form from the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472 or by contacting your local State Police Division. *Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.*

16. During the past seven years, has the responsible person, or any principals of the firm named in items 11 and 12 had any outstanding judgments, past-due tax assessments, defaults on bonds, or pending or past bankruptcies?

No

Yes **IF YES, ALL RELEVANT INFORMATION RELATED TO THESE MATTERS MUST BE PROVIDED, AS WELL AS ALL RELEVANT FINANCIAL INFORMATION RELATED TO PROVIDING MANAGEMENT SERVICES AS DEFINED IN § 54.1-2345 OF THE CODE OF VIRGINIA.**

17. I 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 the firm, the responsible person, or any principals are subject to any disciplinary action; surrender a license in connection with a disciplinary action; fail to satisfy any judgments or restitution orders; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to the receipt of the requested license. I certify that I am authorized to bind the applicant herein. I certify that I have read, understand, and verified the accuracy of the foregoing statements and answers. I also certify that I understand, and have complied with, all the laws of Virginia under the provisions of Title 54.1, Chapter 23.3 of the *Code of Virginia* and all regulations of the *Common Interest Community Board*.

Signature

Date

Printed Name of Signatory

Title

REQUIRED ATTACHMENTS:

- ❖ Copy of certificate for comprehensive training program for the supervisory employee or officer named in question 13.
- ❖ Copy of documentation for affirmative responses to questions 14, 15, and 16 on this application.

* 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.