

COMMON INTEREST COMMUNITY BOARD

PRINCIPAL OR SUPERVISORY EMPLOYEE CERTIFICATE APPLICATION INFORMATION SHEET

ALL APPLICATIONS, FORMS, AND REGULATIONS OF THE COMMON INTEREST COMMUNITY BOARD ARE AVAILABLE ON THE WEB AT <http://www.dpor.virginia.gov/Boards/CIC-Board/>

All applicants must meet the current eligibility requirements at the time the completed application package is received at the Board office. Completed application packages must include all required documentation, verifications, and fees. All forms must be legible. An applicant will be notified within 30 days of the Board's receipt of an initial application if the application is incomplete. Incomplete applications will only be kept in the Board office for 12 months from the date of receipt by the Board. Applicants that fail to complete the process within 12 months of receipt of the application in the Board's office must submit a new application and fee along with all required documentation. (18 VAC 48-50-20)

Effective July 1, 2012, all employees of licensed common interest community managers (firms) with principal responsibility for management services or who have supervisory responsibility for employees who provide management services must hold a certificate issued by the Board. Principal or supervisory employees must obtain certification as a certified principal or supervisory employee within two years after employment with a common interest community manager. A principal or supervisory employee under the direct supervision of a certified principal or supervisory employee is not required to obtain a certificate as a certified principal or supervisory employee from the Board. (§ 54.1-2346.C of the *Code of Virginia*)

BOARD REGULATIONS AND STATUTES

Applicants for certification are required to read and understand the Common Interest Community Manager Regulations (effective July 1, 2017) and Chapter 23.3 of Title 54.1 of the *Code of Virginia* prior to applying for certification.

FEES

Each application must be accompanied by the application fee of \$75. (18 VAC 48-50-60)

QUESTION 1

No further explanation necessary.

QUESTION 2

The social security number or control number issued by the Virginia Department of Motor Vehicles must be provided on the application. State law requires that 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. (§ 54.1-116.A of the *Code of Virginia*)

QUESTION 3

All applicants for certification must be at least 18 years of age. (18 VAC 48-50-35.B)

QUESTIONS 4 AND 5

Please provide the applicant's street and mailing address. A post office box cannot be listed for the street address but is acceptable for the mailing address. All correspondence from the Board will be mailed to the address provided. (18 VAC 48-50-35.D)

QUESTION 6

Provide the e-mail address, if applicable, for the applicant.

QUESTION 7

No further explanation necessary.

QUESTION 8

Applicants for certification must have a high school diploma or equivalent. *(18 VAC 48-50-35.C)*

QUESTION 9

Applicants for certification must provide the name of his or her employing common interest community manager (or managers if employed by more than one firm), if applicable. *(18 VAC 48-50-35.J)*

QUESTION 10

Select the method by which the applicant qualifies for certification. Each method is followed by additional instructions as to specific documentation that must be submitted with the application. An applicant that qualifies under more than one method only needs to select one method and submit the relevant documentation for the method selected. If option five (v.) is selected, the applicant must obtain and submit an original certification or letter of good standing from another state, territory, or jurisdiction in which the applicant currently holds a license, certificate, or registration that is similar to or the same as a certified principal or supervisory employee. In addition, the requirements for issuance of such license, certification, or registration must be substantially equivalent to the Board's requirements for a certified principal or supervisory employee. The certification/letter of good standing must include the type of license, certificate, or registration held; current status; any disciplinary actions; how and when the license, certificate, or registration was issued; and original signature and seal from the state/jurisdiction. *(18 VAC 48-50-35.I; 18 VAC 48-50-37.B)*

QUESTIONS 11, 12, AND 13

This information must be provided for the applicant. An explanation and supporting documentation as described for each question must be provided for all affirmative answers. *(18 VAC 48-50-35.E, G, and H)*

QUESTION 14

The individual should thoroughly read, understand, and verify the accuracy of the information provided on the application and the attestations in Question 14 prior to signing the application.

REQUIRED DOCUMENTATION

- Copy of documentation showing evidence of current active designation as a PCAM, AMS, 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 certification/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.

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



**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.

Sole Proprietor's Social Security Number *and/or*

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

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 \$75.00	TRANS CODE 1020	ENTITY #	FILE #/LICENSE # 0510	ISSUE DATE
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10. 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 and have provided management services for a minimum of three months immediately preceding this application.
 - ☛ Proof of current, active PCAM designation and a completed EXPERIENCE VERIFICATION FORM that documents the required management services experience must be submitted with this application.
 - ii. You hold an active designation as a Certified Manager of Community Associations (CMCA) by the National Board of Certification for Community Association Managers and have two years of experience providing management services, with minimum of six months experience immediately preceding this application.
 - ☛ 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, with a minimum of three months experience immediately preceding this application.
 - ☛ 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 and have two years of experience providing management services, with a minimum of six months experience immediately preceding this application.
 - ☛ 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 misdemeanor? *A 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, 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.