Common Interest Community Board  
EXPERIENCE VERIFICATION FORM

Instructions:
This form is to be used to verify management services experience obtained by (i) the supervisory employee, officer, manager, owner, or principal (qualifying individual) of a common interest community management company license applicant or (ii) an applicant for certification as a principal or supervisory employee of a common interest community manager. Multiple forms may be used to verify the required amount of experience. An applicant may not verify his/her own experience.

Applicant: Complete items #1 through #8, then forward this form to the firm or association (named in #4) where the applicant provided management services.

Verifier: Complete items #9 through #17. Return the form to the applicant (for inclusion in their application package). Your prompt response is appreciated.

1. Applicant's Name
   Last __________________________ First __________________________ Middle __________________________ Generation __________________________

2. Applicant's Mailing Address
   __________________________________________________________________________
   City __________________________________ State __________ Zip Code __________

3. I am applying to be: Check all that apply.
   [ ] The qualifying individual for a common interest community management company license applicant.
      Name of Management Company __________________________
   [ ] A certified principal or supervisory employee.

4. Firm/Association where experience was obtained
   __________________________________________________________________________

5. Firm/Association Mailing Address
   __________________________________________________________________________
   City __________________________________ State __________ Zip Code __________

6. Time period in which experience was obtained
   From (MM/YY) __________ To (MM/YY) __________

7. Indicate the management services you provided on behalf of the entity named in #4. Check all that apply.
   [ ] 1. Acting with the authority of an association in its business, legal, financial, or other transactions with association members and non-members
   [ ] 2. Executing the resolutions and decisions of an association or, with the authority of the association, enforcing the rights of the association secured by statute, contract, covenant, rule, or bylaw
   [ ] 3. Collecting, disbursing, or otherwise exercising dominion or control over money or other property belonging to an association
   [ ] 4. Preparing budgets, financial statements, or other financial reports for an association
   [ ] 5. Arranging, conducting, or coordinating meetings of an association or the governing body of an association
   [ ] 6. Negotiating contracts or otherwise coordinating or arranging for services or the purchase of property and goods for or on behalf of an association
   [ ] 7. Offering or soliciting to perform any of the above acts or services on behalf of the association

8. Applicant's Signature __________________________ Date __________

Verifier should go to page 2 to complete questions #9 through #17.
9. Verifier's Name

10. Relationship to applicant  □ Supervisor  □ Employer  □ Client
    □ Other (describe) ___________________________________________

11. Describe the type of firm/association named in #4.
    □ CIC Management Firm  □ Association  □ Real Estate Firm  □ Other ___________________________

12. Verifier's position held in (or relationship to) the firm/association identified in #4 _______________________

13. Are the dates entered by the applicant in #6 (in which management services experience was obtained) correct?
    Yes □  No □  If no, please explain. ___________________________________________________________

14. Are the areas of practice selected by the applicant in #7 correct?
    Yes □  No □  If no, please explain. ___________________________________________________________

15. Additional comments
    ______________________________________________________________________________________

16. Please indicate the best method(s) to contact you should the Board have any questions regarding the information
    contained in this form.
    □ Phone  ________________________________________________________________________________
    □ Email  ________________________________________________________________________________
    □ Mail   ________________________________________________________________________________

17. Verifier's Signature ____________________________________________________  Date ________________