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 CHANGE OF PERSONNEL FORM No Fee Required

- > This form must be completed when there is a change in the <u>responsible person of the firm; any principal of the firm;</u> or the <u>supervisory</u> employee, officer, manager, owner or principal (gualifying individual) of the firm.
- ➤ In accordance with 18 VAC 48-50-30.M of the Common Interest Community Manager Regulations, each Common Interest Community Manager shall designate a responsible person. The responsible person ensures compliance with Chapter 23.3 of Title 54.1 of the Code of Virginia and the Board's regulations and serves as the point of contact for all communications and notices from the Board or Department.
- Each firm must also have one <u>supervisory employee</u>, <u>officer</u>, <u>manager</u>, <u>owner or principal (qualifying individual)</u> who satisfies the Board's training and experience requirements. This individual may also be required to hold a Certified Principal or Supervisory Employee Certificate issued by the Board.

	Employee Certificate issued by the Board. All changes must be reported to the Board wit	thin 30 days of the change.					
1.	Business Entity/Sole Proprietor Name						
2.	Trade or "Fictitious" Name						
3.	Firm's 10-digit Common Interest Comm	nunity Manager License	Number	0 5 0	1		
4.	Select one of the following and provide	the information below a	bout the business	s named al	oove.		
	 ■ Business Federal Employer Identificati State law requires every applicant, who is 	, ,	•	•	on Number (12-	,	ıst provide a
	social security number or a control number	r issued by the Virginia Departme		1	1		,
	☐ Sole Proprietor's Social Security No			-	-		
	 ✓ Virginia Department of Motor Vehing ➤ Enter the same identification number * State law requires every applicant for a linguistic issued by the Commonwealth to provide a 	as used on examination, prev	ous applications or li	censes on file	siness, trade, p	artment. rofession o	r occupation
5.	Mailing Address (PO Box accepted)		or number issued by the	o <u>virginia</u> Bop	uninone or mote	vernoico.	
6.	Street Address (PO Box not accepted)	City Check here if the Street	Address is the <u>same</u> as	s the Mailing A	State ddress listed ab	•	Code
7.	Email Address	City			State	Zip	Code
8.	Website Address						
9.	Contact Numbers Primary Te	elephone	Alternate Telephone			Fax	

	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
OFFICE		NO FEE			0504	
USE		NOFEE			0501	
ONLY					0001	

10.	Address of office from which Mailing Address (PO Box acc	,	nent services to Virginia common	interest comm	nunities			
		City		State	Zip Code			
	Street Address (PO Box not	· /						
	Check here if the Street Address i the Mailing Address listed above.				7:- 01-			
11.	•	City	mod in #1 abangod?	State	Zip Code			
11.	Has the responsible person designated for the firm named in #1 changed? No If no, continue with guestion #12.							
	No If no, continue with question #12. Yes If yes, complete items a through d below.							
	<u> </u>	— · · · · ·						
	a. Name of New Respo							
	b. Social Security N		-	<u> </u>				
	<u>Virginia</u> Departr	ment of Motor Vehicles Con						
	C Mailing Address (DO	Day accepted	DO NOT INC	LUDE DASHES (1	234567890)			
	c. Mailing Address (PO	. ,						
	City, State, Zip Code							
	d. Street Address (PO Box <u>not</u> accepted)							
	City, State, Zip Code							
12.	Have any of the principals of the firm named in #1 changed?							
	No If no, continue with question #13.							
	Yes If yes, complete the following table. List the firm's principals below (sole proprietor, partners of a general partnership, general partner of a limited							
			ion, managers (or members if not					
	company, or officers of a corporation). Attach a separate sheet of paper with the requested information if additional							
	space is needed							
In	ndividual's Full Legal Name	Principal Position	Addre	SS				

13.	Has the	e supervisory employee, officer, manager, owner or principal of the firm (qualifying individual) named in				
	#1 Chai	If no, continue with question #14.				
	Yes	If yes, complete the information below.				
	A.	If the firm does not hold the Accredited Association Management Company designation, the applicant must have one supervisory employee, officer, manager, owner or principal of the firm (qualifying individual) who has completed training and/or experience pursuant to 18 VAC 48-50-30.L of the Board's regulations involved in all aspects of the management services offered and provided by the firm. Provide the following information for the qualifying individual of the firm.				
		i. Name of Qualifying Individual				
		ii. Certified Principal or Supervisory Employee Certificate Number 0 5 1 0				
		iii. Title of Qualifying Individual				
		iv. Mailing Address (PO Box accepted)				
		City, State, Zip Code				
		v. Street Address (PO Box not accepted)				
		City, State, Zip Code				
		◆ This is the 10-digit certificate number issued by the Board to principal or supervisory employees that require certification pursuant to \$54.1-2346 of the Code of Virginia. If you do not currently hold the Certified Principal or Supervisory Employee certificate, you may complete the COMMON INTEREST COMMUNITY MANAGER PRINCIPAL OR SUPERVISORY EMPLOYEE CERTIFICATE APPLICATION available on the Department website at www.dpor.virginia.gov .				
	В.	Which of the following training/experience requirements contained in <u>18 VAC 48-50-30.L</u> of the Board's regulations does the above-named qualifying individual meet? Select only one . The documentation listed under the selected training/experience requirement must be submitted with this application.				
		 i. The individual holds an active designation as a Professional Community Association Manager (PCAM) by the Community Associations Institute. Proof of current and active PCAM designation. 				
		ii. The individual has successfully completed a Board-approved comprehensive training program as described in 18 VAC 48-50-250.B and has at least three years of qualifying experience.				
		A copy of the certificate of completion or other documentation showing evidence of completion of a Board-approved comprehensive training program <u>and</u> a completed EXPERIENCE VERIFICATION FORM that documents the required qualifying experience.				
		iii. The individual has successfully completed a Board-approved introductory training program as described in 18 VAC 48-50-250.A and has at least five years of qualifying experience. ♣				
		A copy of the certificate of completion or other documentation showing evidence of completion of a Board-approved introductory training program <u>and</u> a completed EXPERIENCE VERIFICATION FORM that documents the required qualifying experience.				
		iv. The individual has not completed a board-approved training program but is requesting board consideration of the credentials obtained through documented course work that is equivalent to a board-approved comprehensive training program <u>and</u> has completed at least ten years of qualifying experience. **				
		A completed COMPREHENSIVE TRAINING PROGRAM EQUIVALENCY FORM <u>and</u> a completed EXPERIENCE VERIFICATION FORM that documents the required qualifying experience.				
14.	*** Qualifying experience is experience providing management services, the qualify of which demonstrates to the Board that the individual is competent to supervisory responsibility or principal responsibility for management services. Has the firm, responsible person or any principals of the firm been subject to a disciplinary action imposed by (including Virginia) local, state or national regulatory body? No					
	Yes	If yes, complete the <u>Disciplinary Action Reporting Form.</u>				
15.	convict must be system	e firm, responsible person or any principals of the firm ever been convicted in any jurisdiction of any felony or ed within the last three years of any non-marijuana misdemeanor ? A guilty plea or plea of nolo contendere ed disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court				
A492-0 12/01/2	No Yes 501MGTC 021	If yes, complete the Criminal Conviction Reporting Form. HG-v3 CIC Board/MGR CHG FORM Page 3 of 4				

16.	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 MANAGEMENT FIRM NAMED IN #1 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 form.
17.	During the past seven years, have any principals of the firm who individually or collectively own more than 50% equity interest in the firm or were equity owners holding, individually or collectively, a 10% or greater interest in any other entity licensed by any agency of the Commonwealth of Virginia, been the subject of any adverse disciplinary action, or surrendered a license, certificate or registration in connection with any disciplinary action, in any jurisdiction or by any board, or administrative body? No Yes IF YES, THE MANAGEMENT FIRM NAMED IN #1 MUST PROVIDE ALL RELEVANT INFORMATION RELATED
	TO THESE MATTERS. Failure to provide adequate documentation may result in a delay in the processing of this form.
18.	- 7 - 9 - 10 - 10 - 10 - 10 - 10 - 10 - 10
	▶ I am authorized to bind the applicant to contracts and other legal obligations.
	▶ 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
	Printed Name of Signatory
	Title Date
	* 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.
RF	QUIRED ATTACHMENTS:
	Copy of documentation showing that the supervisory employee, officer, manager, owner, or principal of the firm
	(qualifying individual) has successfully completed a training program approved by the Board, if applicable.
	Copy of documentation showing evidence of an active and current PCAM designation for the qualifying individual, if applicable.
	Completed <u>EXPERIENCE VERIFICATION FORM(S)</u> documenting the qualifying individual's management services experience, if applicable.
	Completed <u>COMPREHENSIVE TRAINING PROGRAM EQUIVALENCY FORM</u> , if applicable, and any supplemental documentation for all coursework that is to be considered by the Board.
	Copy of documentation for affirmative responses to questions #14, #15, #16, and #17 on this form.