

**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 responsible person of the firm; any principal of the firm; or the supervisory employee, officer, manager, owner or principal (qualifying 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 supervisory employee, officer, manager, owner or principal (qualifying individual) 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.
- All changes must be reported to the Board within 30 days of the change.

1. Business Entity/Sole Proprietor Name \_\_\_\_\_

2. Trade or "Fictitious" Name \_\_\_\_\_

3. Firm's 10-digit Common Interest Community Manager License Number 

0	5	0	1						
---	---	---	---	--	--	--	--	--	--

4. Select one of the following and provide the information below about the business named above.

Business Federal Employer Identification Number (FEIN) \* 

--	--	--	--	--	--	--	--	--	--

 - 

--	--	--	--	--	--	--	--	--	--

Federal Employer Identification Number (12-3456789)

\* State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

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

--	--	--	--	--	--	--	--	--	--

 - 

--	--	--	--	--	--	--	--	--	--

 - 

--	--	--	--	--	--	--	--	--	--

Virginia Department of Motor Vehicles Control Number \* 

--	--	--	--	--	--	--	--	--	--

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.

5. Mailing Address (PO Box accepted) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. 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 \_\_\_\_\_

7. Email Address \_\_\_\_\_

8. Website Address \_\_\_\_\_

9. Contact Numbers \_\_\_\_\_

Primary Telephone

Alternate Telephone

Fax

OFFICE USE ONLY	DATE	NO FEE	TRANS CODE	ENTITY #	0501	FILE #/LICENSE #	ISSUE DATE
-----------------------	------	--------	------------	----------	------	------------------	------------

10. Address of office from which the firm provides management services to Virginia common interest communities

Mailing Address (PO Box accepted) \_\_\_\_\_

City

State

Zip Code

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

11. Has the responsible person designated for the firm named in #1 changed?

No  If no, continue with question #12.

Yes  If yes, complete items a through d below.

a. Name of New Responsible Person \_\_\_\_\_

b.  Social Security Number *and/or*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

Virginia Department of Motor Vehicles Control Number\*

--	--	--	--	--	--	--	--	--	--

DO NOT INCLUDE DASHES (1234567890)

c. Mailing Address (PO Box accepted) \_\_\_\_\_

City, State, Zip Code

d. Street Address (PO Box not 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 partnership, officers/directors of an association, managers (or members if not managers) of a limited liability company, or officers of a corporation). Attach a separate sheet of paper with the requested information if additional space is needed.

Individual's Full Legal Name	Principal Position	Address

Add Row

Delete Row

13. Has the supervisory employee, officer, manager, owner or principal of the firm (qualifying individual) named in #1 changed?

- No  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](http://www.dpor.virginia.gov).

B. Which of the following training/experience requirements contained in [18 VAC 48-50-30.L](#) 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 and 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 and 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 and has completed at least ten years of qualifying experience. ◆
  - ◆ A completed COMPREHENSIVE TRAINING PROGRAM EQUIVALENCY FORM and a completed EXPERIENCE VERIFICATION FORM that documents the required qualifying experience.

◆◆ *Qualifying experience* is experience providing management services, the quality of which demonstrates to the Board that the individual is competent to have supervisory responsibility or principal responsibility for management services.

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

- No   
Yes  If yes, complete the [Disciplinary Action Reporting Form](#).

15. Has the firm, responsible person or any principals of the firm ever been convicted in any jurisdiction of **any 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](#).

16. During the past seven years, has the firm, responsible person or any principals of the firm 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 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. By signing this application, I certify the following statements:
- ▶ 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.

**REQUIRED 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 [EXPERIENCE VERIFICATION FORM\(S\)](#) documenting the qualifying individual's management services experience, if applicable.
- Completed [COMPREHENSIVE TRAINING PROGRAM EQUIVALENCY FORM](#), 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.