

## COMMON INTEREST COMMUNITY BOARD

### Common Interest Community Manager Information Sheet

**ALL APPLICATIONS, FORMS, AND REGULATIONS OF THE COMMON INTEREST COMMUNITY BOARD ARE AVAILABLE ON THE WEB AT [www.dpor.virginia.gov/Boards/CIC-Board/](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. A firm 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. Firms 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)

#### BOARD REGULATIONS AND STATUTES

Applicants for licensure are required to read and understand the [Common Interest Community Manager Regulations](#) and Chapter 23.3 of Title 54.1 of the *Code of Virginia* prior to applying for licensure.

#### FEES

Each application must be accompanied by the application fee of \$100 and the \$25 recovery fund fee required pursuant to § 54.1-2354.5(B) of the *Code of Virginia*.

#### QUESTION 1

All business entities that are required to register (including out-of-state businesses) and wish to conduct business in Virginia must register with the Virginia State Corporation Commission (including any trade/fictitious names) prior to applying for licensure with the Common Interest Community Board. The State Corporation Commission may be reached by dialing (800) 552-7945. Current registration with the State Corporation Commission will be verified by staff during the application review process; therefore, it is imperative that the company has a current registration under the name provided, if applicable. Provide the name of the firm as it is listed with the State Corporation Commission. To aid in the Board's review of the application, the applicant may include a copy of the certificate issued by the State Corporation Commission. Individuals will apply as a sole proprietor. (18 VAC 48-50-30.B)

#### QUESTION 2

Firms, including sole proprietors, which trade under an assumed or fictitious name must attach a copy of the Certificate of Assumed or Fictitious Name filed with the State Corporation Commission, or other proof of trade/fictitious name registration with the State Corporation Commission. Firms must register any trade or fictitious names with the State Corporation Commission.

#### QUESTIONS 3 AND 4

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. Please note this may not be the address used for correspondence (see Question 11). (18 VAC 48-50-30.C)

#### QUESTIONS 5

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

**QUESTION 6**

The Federal Employer Identification Number or, in the case of a sole proprietor, 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)

**QUESTION 7**

Provide the website address, if applicable.

**QUESTION 8**

No further explanation necessary.

**QUESTION 9**

In accordance with 18 VAC 48-50-30.C of the Board's regulations, the applicant must provide the address of the office from which the firm provides management services to Virginia common interest communities. This may or may not be the same address(es) provided in Questions 3 and 4. Only the address(es) of the main office that provide(s) management services to Virginia common interest communities must be provided. (18 VAC 48-50-30.C)

**QUESTION 10**

Please check the one type of business entity that applies to the applicant.

**QUESTION 11**

Each applicant is required to name a responsible person who is an employee, officer, manager, owner, or principal of the firm and serves as the individual ensuring compliance with Chapter 23.3 of Title 54.1 of the *Code of Virginia* and will be the point of contact for all communications and notices from the Board or Department. This address may or may not be the same as those listed in Questions 3, 4, and 9. If the responsible person for the firm changes once the license is issued, the firm must submit a CHANGE OF PERSONNEL FORM. It is imperative that the person and address listed here are current as all correspondence, including licenses, will be sent to that person. (18 VAC 48-50-10; 18 VAC 48-50-30.M)

**QUESTION 12**

The names, positions (i.e., Sole Proprietor, President, Secretary, Partner, etc.), and mailing address must be provided for all principals of the firm. If the firm is registered with the State Corporation Commission, the individual(s) listed on the application should match those filed with the State Corporation Commission.

**QUESTION 13**

Select one of the three methods by which the applicant (firm) can qualify for licensure. Each method is followed by additional instructions. In addition, if the second option (ii) is selected, the applicant must proceed to Question 14 to supply information regarding the firm's supervisory employee, officer, manager, owner, or principal (qualifying individual). The first and third options (i and iii) direct the applicant to skip Question 14 and proceed to Question 15, as a supervisory employee, officer, manager, owner, or principal of the firm is not required to meet training/experience requirements in order for the firm to qualify for licensure. If the third option (iii) 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 is currently licensed, certified, or registered. In addition, the requirements for issuance of such license, certification, or registration must be substantially equivalent to the Board's requirements for a common interest community manager license. The certification/letter of good standing must include the type of license, certificate, or registration held; current status of license; any disciplinary actions; how and when license, certificate, or registration was issued; and original signature and seal from the state/jurisdiction. (18 VAC 48-50-30.I; 18 VAC 48-50-30.L; 18 VAC 48-50-37.A)

**QUESTION 14**

For applicants that do not hold an Accredited Association Management Company designation or are not applying via reciprocity, a supervisory employee, officer, manager, owner, or principal of the firm must be named. This qualifying individual for the firm must meet training and experience requirements as provided in 18 VAC 48-50-30.L of the Board's *Common Interest Community Manager Regulations*. Each option also includes specific instructions for documentation that must be supplied with the application. Please note that the fourth option (iv) requires the completion of a COMPREHENSIVE TRAINING

PROGRAM EQUIVALENCY FORM in addition to the EXPERIENCE VERIFICATION FORM. Because of the detailed review required to determine whether the coursework submitted is equivalent to the completion of a Board- approved comprehensive training program, it may take four to six weeks for your application to be reviewed.

Regarding completion of the EXPERIENCE VERIFICATION FORM, please complete the form in accordance with the instructions provided on the form. The experience must be verified by an individual who is knowledgeable of your work during the time period being verified. Such individual may be the qualifying individual's supervisor or a principal of the firm, a client, or staff member or governing board member of an association managed by the qualifying individual. Depending upon the amount of experience requiring verification and the length of time each individual verifier can appropriately verify, multiple forms may be needed. The qualifying individual may not verify their own experience. (18 VAC 48-50-30.L)

#### **QUESTION 15**

Effective July 1, 2012, employees of the common interest community manager who have principal responsibility for management services provided to a common interest community or who have supervisory responsibility for employees who participate directly in the provision of management services to a common interest community shall, within two years after employment with the common interest community manager, hold a certificate as a certified principal or supervisory employee issued by the Board or shall be under the direct supervision of a principal or supervisory employee certified by the Board. In part B, provide the name and certificate number of all employees that have a current certificate in accordance with the Board's regulations. In addition, the common interest community manager must notify the Board within 30 days of the discharge or termination of active status of an employee holding a certificate as a certified principal or supervisory employee. (18 VAC 48-50-30.K, 18 VAC 48-50-150.E, and § 54.1-2346(C) of the Code of Virginia) In Part C, if all employees are within two years of employment with the common interest community manager, provide the employee name(s) and start date(s).

#### **QUESTION 16**

Section 54.1-2346(D) of the *Code of Virginia* requires that the applicant hold a blanket fidelity bond or employee dishonesty insurance policy. In accordance with § 54.1-2346(D) of the *Code of Virginia*, the common interest community manager must be covered against losses resulting from theft or dishonesty committed by the officers, directors, and persons employed by the common interest community manager. Such bond or insurance policy shall include coverage for losses of clients of the common interest community manager resulting from theft or dishonesty committed by the officers, directors, and persons employed by the common interest community manager. Such bond or insurance policy shall be in the business name. The bond or insurance policy shall provide coverage in an amount equal to the lesser of \$2 million or the highest aggregate amount of the operating and reserve balances of all associations under the control of the common interest community manager during the prior fiscal year. The minimum coverage amount shall be \$10,000. The Board strongly recommends that the applicant requests the insurance carrier include a provision to notify the Board of cancellation or nonrenewal. Having that provision does not release the applicant from the responsibility of notifying the Board of cancellation, amendment, expiration, or any other change in the bond or insurance policy in accordance with 18 VAC 48-50-150.D. (18 VAC 48-50-30.E; § 54.1-2346(D))

#### **QUESTION 17**

No further explanation necessary.

#### **QUESTIONS 18, 19, 20, AND 21**

This information must be provided for the applicant, responsible person, and all principals of the firm. An explanation and supporting documentation must be provided for all affirmative answers. (18 VAC 48-50-30.D, G, and H)

#### **QUESTIONS 22 AND 23**

The individual signing the application must be authorized to bind the applicant. The individual should thoroughly read, understand, and verify the accuracy of the attestations in Questions 22 and 23 prior to signing the application.

#### **REQUIRED DOCUMENTATION**

- Copy of blanket fidelity bond form or employee dishonesty insurance policy coverage form that shows, at a minimum, the provider of the bond/insurance policy, the amount of the coverage, the expiration date of the bond/insurance policy, and a summary of what is covered.
- Copy of Certificate of Assumed or Fictitious Name filed with the State Corporation Commission, or other proof of trade/fictitious name registration with the State Corporation Commission, if applicable.

- 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 active and current PCAM designation for qualifying individuals, if applicable.
- Original certification/letter of good standing from another state, territory, or jurisdiction in which the applicant is currently licensed, certified, or registered.
- Completed Experience Verification Form(s) documenting the qualifying individual's management services experience, if applicable.
- Completed Comprehensive Training Program Equivalency Form, if applicable, and all supplemental documentation for all coursework that is to be considered by the Board.
- Copy of documentation for affirmative responses to questions 18, 19, 20, and 21 on this application.



**Common Interest Community Board**  
**COMMON INTEREST COMMUNITY MANAGER LICENSE APPLICATION**

**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.**

Type of Fee	Fee Due
Application Fee	\$100.00
Recovery Fund Fee (§ 54.1-2354.5(B) of the Code of Virginia)	+ \$25.00
<b>TOTAL FEES DUE</b>	<b>\$125.00</b>

1. Business Entity/Sole Proprietor Name \_\_\_\_\_
2. Trade or "Fictitious" Name \_\_\_\_\_
3. Street Address (PO Box not accepted) \_\_\_\_\_
  
4. Mailing Address (PO Box accepted)
 

City _____	State _____	Zip Code _____
<input type="checkbox"/> Check here if the Mailing Address is the <u>same</u> as the Street Address listed above.		
_____		
City _____	State _____	Zip Code _____
5. Email Address \_\_\_\_\_

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

<input type="checkbox"/> Business Federal Employer Identification Number (FEIN)❖	-	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>	Federal Employer Identification Number (12-3456789)				
❖ State law requires every applicant, <i>who is not a sole proprietor</i> , to provide a federal employer identification number. <i>Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.</i>							
<input type="checkbox"/> Sole Proprietor's Social Security Number <b>and/or</b>	-	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>	-	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>	-	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>	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 <b>Virginia</b> Department of Motor Vehicles.							
7. Website Address \_\_\_\_\_

8. Contact Numbers
 

_____	_____	_____
Primary Telephone	Alternate Telephone	Fax

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

Street Address (PO Box not accepted) \_\_\_\_\_

City _____	State _____	Zip Code _____
<input type="checkbox"/> Check here if the Mailing Address is the <u>same</u> as the Street Address listed above.		
_____		
City _____	State _____	Zip Code _____

Mailing Address (PO Box accepted)

	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
OFFICE USE ONLY		\$125	1020	0501		

10. Type of Organization (select only **one**)

- Sole Proprietorship     
  General Partnership     
  Association     
  Other, please specify: \_\_\_\_\_  
 Corporation♦     
  Limited Liability Company♦     
  Limited Partnership♦

State Corporation Commission Number \_\_\_\_\_

♦ If the firm/business is a **corporation, limited liability company, or limited partnership**, the firm/business must be registered with the Virginia State Corporation Commission. Firms/businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firms must register any trade or fictitious names with the State Corporation Commission. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.

11. RESPONSIBLE PERSON

In accordance with 18 VAC 48-50-30.M of the Common Interest Community Manager regulations, each applicant shall designate a **responsible person** who is an employee, officer, manager, owner, or principal of the firm. **Please note that the responsible person ensures compliance with Chapter 23.3 of Title 54.1 of the Code of Virginia and the Board's regulations and will be the point of contact for all communications and notices from the Board or Department.** Provide the following information for the individual selected to serve as the responsible person for this firm.

- a. Name of Responsible Person \_\_\_\_\_
- b.  Social Security Number **and/or**  **Virginia** Department of Motor Vehicles Control Number \*  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_  
DO NOT INCLUDE DASHES (1234567890)
- c. Street Address (PO Box not accepted) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
- d. Mailing Address (PO Box accepted) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

12. PRINCIPAL(S) OF THE FIRM

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

13. Indicate the method by which the applicant is seeking licensure (select only **one**).

- i.  The applicant holds an active designation as an Accredited Association Management Company (AAMC) by the Community Associations Institute.  
 \* Proof of active AAMC designation must be submitted with this application. **Proceed to Question 15.**
- ii.  In lieu of an active AAMC designation, the firm has at least one supervisory employee, officer, manager, owner or principal of the firm (qualifying individual) who is involved in all aspects of the management services offered and provided by the firm who has obtained one of the following:  
 \* **Proceed to Question 14.**
- iii.  The applicant holds 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 a common interest community manager license.  
 \* 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. **Proceed to Question 15.**

14. SUPERVISORY EMPLOYEE, OFFICER, MANAGER, OWNER OR PRINCIPAL (QUALIFYING INDIVIDUAL)

A. As 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 (i) is involved in all aspects of the management services offered and provided by the firm; and (ii) has completed training and/or experience pursuant to 18VAC 48-50-30.L of the Board's regulations. Provide the following information for the qualifying individual of the firm.

i. Name of Qualifying Individual \_\_\_\_\_

ii.  Social Security Number **and/or**

-   -

**Virginia** Department of Motor Vehicles Control Number \*

DO NOT INCLUDE DASHES (1234567890)

iii. Title of Qualifying Individual \_\_\_\_\_

iv. Street Address (PO Box not accepted) \_\_\_\_\_

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

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

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

B. Which of the following training/experience requirements contained in 18 VAC 48-50-30.L of the Board's regulations does the 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(s) 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.

15. A. Do all employees of the firm who have principal responsibility for management services provided to a common interest community or who have supervisory responsibility for employees who participate directly in the provision of management services to a common interest community qualify based on one of the following requirements?
- i. Do they hold a certificate as a **Certified Principal or Supervisory Employee** issued by the Board or work under the direct supervision of a Certified Principal or Supervisory Employee?
    - Yes  If yes, skip to B.
    - No  If no, answer the next question (ii).
  - ii. Are they within 2 years of employment with the common interest community manager named in Question 1?
    - Yes  If yes, skip to C.
    - No  IF NO, THIS APPLICATION CANNOT BE PROCESSED UNTIL THE APPROPRIATE EMPLOYEES OBTAIN CERTIFICATION AS A CERTIFIED PRINCIPAL OR SUPERVISORY EMPLOYEE. Have the appropriate employees complete a PRINCIPAL OR SUPERVISORY CERTIFICATE APPLICATION and submit it to the Board.
- B. In the table below, provide the names and certificate numbers of the employees in the firm that hold a **current** certificate as a Certified Principal or Supervisory Employee issued by the Board. Attach a separate sheet of paper with the requested information if additional space is needed.

Name of Certified Principal or Supervisory Employee	CIC Board Certificate Number (10-digits)

- C. In the table below, provide the names and starting date with the common interest community manager named in Question 1. Attach a separate sheet of paper with the requested information if additional space is needed.

Name of Certified Principal or Supervisory Employee	Starting Date

16. Applicants must **submit evidence** of a blanket fidelity bond or employee dishonesty insurance policy in accordance with § 54.1-2346(D) of the *Code of Virginia*. Proof of current bond or insurance policy with the firm as the named bondholder or insured must be submitted in order to obtain the license. Bond or insurance policy shall provide coverage in an amount equal to the lesser of \$2 million or the highest aggregate amount of the operating and reserve balances of all associations under the control of the common interest community manager during the prior fiscal year. The minimum coverage amount shall be \$10,000.

**By signing this application, the applicant certifies that the aggregate amount of the bond or insurance policy complies with the requirements of § 54.1-2346(D).**

- a. Bond or insurance (select **one**)       Blanket fidelity bond       Employee dishonesty insurance policy
- b. Bond/Policy Amount \_\_\_\_\_ Expiration Date \_\_\_\_\_



17. Does the applicant have a current or expired common interest community manager license, certification or registration in another state or jurisdiction?
- No
- Yes  If yes, complete the following table.

Business Name	State/Jurisdiction	License, Certification or Registration Number	Expiration Date

18. Has the applicant, 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? Adverse disciplinary actions include, but are not limited to a reprimand, revocation, suspension or denial, imposition of a monetary penalty, completion of remedial education, or any other corrective action, in any jurisdiction or by any board or administrative body or the surrender of a license, certificate or registration in connection with any disciplinary action in any jurisdiction prior to obtaining licensure in Virginia.
- No
- Yes  If yes, complete the [Disciplinary Action Reporting Form](#).
19. Has the applicant, responsible person or any principals of the firm 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](#).
20. During the past seven years, has the applicant, 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 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.
21. 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 APPLICANT MUST PROVIDE ALL RELEVANT INFORMATION RELATED TO THESE MATTERS. Failure to provide adequate documentation may result in a delay in the processing of this application.
22. By signing this application, I hereby certify to the Board that (i) the applicant is in good standing and authorized to transact business in Virginia; (ii) the applicant has established a code of conduct for the officers, directors and persons employed by the applicant to protect against conflicts of interest; (iii) the applicant provides all management services pursuant to written contracts with the associations to which such services are provided; (iv) the applicant has established a system of internal accounting controls to manage the risk of fraud or illegal acts; and (v) an independent certified public accountant reviews or audits the financial statements of the applicant at least annually in accordance with standards established by the American Institute of Certified Public Accountants or by any successor standard-setting authorities.

23. 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 license.
- ▶ 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.

**OPTIONAL ASSOCIATION INFORMATION**

**Provide the name and registration number of all communities managed by the applicant.**

**Attach a separate sheet of paper with the requested information if additional space is needed.**

Name of Common Interest Community	Registration Number of Community

## REQUIRED ATTACHMENTS

- Copy of blanket fidelity bond form or employee dishonesty insurance policy coverage form that shows, at a minimum, the provider of the bond/insurance policy, the amount of the coverage, the expiration date of the bond/insurance policy, and a summary of what is covered.
- Copy of Certificate of Assumed or Fictitious Name filed with the State Corporation Commission, or other proof of trade/fictitious name registration with the State Corporation Commission, if applicable.
- Copy of documentation showing evidence of the active AAMC designation, if applicable.
- 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.
- Original certificate/letter of good standing from another state, territory, or jurisdiction in which the applicant is currently licensed, certified, or registered.
- Completed Experience Verification Form(s) documenting the qualifying individual's management services experience, if applicable.
- Completed Comprehensive Training Program Equivalency Form, if applicable, and all supplemental documentation for all coursework that is to be considered by the Board.
- Copy of documentation for affirmative responses to questions 18, 19, 20, and 21 on this application.