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



n Interest Community Roard

Common Interest Community Board COMMON INTEREST COMMUNITY ASSOCIATION REGISTRATION APPLICATION Fee \$35.00★

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

★ The \$35 fee includes a \$10 registration fee and \$25 recovery fund assessment.
The \$10.00 registration fee represents a temporary fee reduction valid through June 30, 2020 only

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1.	Has this association previously filed an application with the Virginia Common Interest Community Board? No							
2.	Full Name of Association							
3.	Name of Subdivision/Community (if different from #2)							
4.	Association's Federal Tax Identification Number (EIN) Federal Employer Identification Number (12-3456789) Number used when filing taxes or banking.							
5.	Name of Contact Person (to receive Board correspondence on behalf of the association)							
6.	Contact Person's Mailing Address							
	City State Zip Code							
7.	Contact Numbers							
8.	Primary Telephone Alternate Telephone Fax Contact Person's Email Address The name and mailing address of the Contact Person will appear on the certificate of filing issued by the Board.							
Asso	ciation Information							
9.	Type of Association							
	Property Owners' Condominium Unit Owners' Proprietary Lessees' (Cooperative)							
10.	Is the Association incorporated? No Yes							
	If yes, enter the State Corporation Commission No.							
11.	Declaration Recorded (MM-YY) City/County where Declaration Recorded							
12.	Total Number of Units/Lots Zip Code of Association							
13.	Is the Association under Declarant Control? Yes No							
	If no, date association transferred to owners.							
14.	Website Address of Association (if available)							

FINAL - NOVEMBER 2019

	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICENSE #	ISSUE DATE
OFFICE USE ONLY			1020		0550	

15.	Indicate how the community a Self-managed (i.e., res Managed by an emplo Under contract with a	sident, volunteer, etc.)	y managei	r	If unc	ler coi	ntract,	provid	le the	follow	ing inf	format	ion:
	Name of Management	Company											
	Common Interest Com	nmunity Manager License N	umber	0	5	0	1						
16.17.	Website Address of M In accordance with § 54.1-2 Regulations 18 VAC 48-70-3 complaint procedure has bee Note: Any association that complaint procedure establish Yes No I, the undersigned represent answers are true and I have application. I certify that I I provisions of Title 54.1, Chap	Virginia a do you cel d adopted gistering of erning boa for the as rmation th d complied apter 18, C	rtify of by the and ard ard ard ard ard ard ard ard ard ar	on beine go filing at the ation might the all	ehalf overn anno time , cert affec the	of the ing bual resolution of this ify the laws	e asso oard v eports s filing at the Boar of Vir	vithin musi fore d's d	on that 90 da t have going ecisio unde	at an ays of an ays of an state on to	associ	ciation filing? ciation s and ot this icable	
	related Virginia Common Interest Community Regulations. Signature of Representative												
	Printed Name of Representat	ive											
	Representative's Title							Date					
	(If more space i associations shall notify the Boa erning board and any other cha	nges in the information that	sheets of p 30 days of	pape any	r with	the o	certific addre	cate no ess, ch on's pr	ange eviou	of me			
Name		Title					Address						