

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
TIME-SHARE RESELLER REGISTRATION APPLICATION
Fee \$250.00

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.

1. Name of Time-Share Reseller
2. Trade or Fictitious Name(s) of Reseller
3. Time-Share Reseller's Mailing Address
City State Zip Code

4. Time-Share Reseller's Principal Street Address
Check here if Street Address is the same as the Mailing Address listed above.
City State Zip Code

5. Email Address
6. Contact Numbers
Primary Telephone Alternate Telephone Fax

7. Select one of the following and provide the information below about the Time-Share Reseller.
Business Federal Employer Identification Number (FEIN)
Developer's Social Security Number
Virginia Department of Motor Vehicles Control Number
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.

8.A. Time-Share Reseller's Type of Organization (select only one)
Sole Proprietorship General Partnership Sole Owned LLC Other, please specify:
Corporation Limited Partnership Limited Liability Company
Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)

B. Time-Share Reseller's State Corporation Commission No. (If applicable)
If your business is a corporation, limited liability company, or limited partnership, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

Table with 7 columns: OFFICE USE ONLY, DATE, FEE (\$250), TRANS CODE (1020), ENTITY #, FILE #/LICENSE # (0525), ISSUE DATE

9. Jurisdiction where business was formed _____ Date formed _____

10. Location of each of the Time-Share Reseller's sales offices in Virginia:

Street Address	City, State & Zip Code	Manager's Name

11. Name of Lead Dealer _____

12. Lead Dealer's Mailing Address _____

13. Lead Dealer's Principal Street Address Check here if Street Address is the same as the Mailing Address listed above.

14. Lead Dealer's Email Address _____

15. Lead Dealer's Contact Numbers _____

16. List all states or jurisdictions in which an application for registration or similar document has been filed for this Time-Share Reseller.

17. Has the Time-Share Reseller, Lead Dealer or any principals of the firm ever been subject to a **disciplinary action** taken by any (including Virginia) local, state, or national regulatory body?

No

Yes If yes, complete a [Disciplinary Action Reporting Form](#).

18. A. Has the Time-Share Reseller, Lead Dealer or any principals of the firm ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete a [Criminal Conviction Reporting Form](#).

B. Has the Time-Share Reseller, Lead Dealer or any principals of the firm within the last three years been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete a [Criminal Conviction Reporting Form](#).

19. Has the Time-Share Reseller, Lead Dealer or any principals of the firm for seven years prior to the filing of this application ever had any **outstanding** judgments; past-due tax assessments, defaults on bonds, or pending or past bankruptcies? Specifically provide all relevant financial information related to providing resale services as defined in § 55-362 of the Code of Virginia .

No

Yes If yes, provide a completed [Adverse Financial History Reporting Form](#) including all relevant financial information related to providing resale services as defined in § 55-362 of the Code of Virginia.

By signing this application, I, the Time-Share Reseller or authorized agent for the Time-Share Reseller, hereby execute and file with the Secretary of the Virginia Common Interest Community Board full and irrevocable authority to receive service of any lawful process in any non-criminal proceeding arising under Sections §55-360 through §55-400 of the *Code of Virginia* in the name of the applicant, either individually or co-partners or members of the applicant, in any of the courts of record of the Commonwealth of Virginia, and it is hereby stipulated and agreed that such service of process on said Secretary shall be taken and held in all courts to be valid and binding as if due service has been made upon the applicant, its partners and members personally within the Commonwealth of Virginia.

20. I, the undersigned Time-Share Reseller or authorized agent for the Time-Share Reseller, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I or any member of company management are subject to any disciplinary action or convicted of a misdemeanor or felony (in any jurisdiction) prior to becoming registered. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 55, Chapter 21, of the *Code of Virginia* and the *Common Interest Community Time-Share Regulations*.

Printed Name _____

Title _____

Signature _____ Date _____

ADDITIONAL DOCUMENTATION
(Label each exhibit as indicated.)

All exhibits must be submitted in paper and electronic format.

Electronic documents may be submitted on a CD or attached to an email sent to: cic@dpor.virginia.gov

- Exhibit A** A copy of the certificate of incorporation or certificate of authority to transact business in Virginia issued by the Virginia State Corporation Commission, or any other entity formation documents, together with any trade or fictitious name certificate.
- Exhibit B** A copy of the resale purchase contract.
- Exhibit C** A copy of the resale transfer contract.
- Exhibit D** A copy of disclosures required by § 55-380.1 of the Code of Virginia.
- Exhibit E** A narrative description of the marketing or advertising plan.