

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
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**COMMON INTEREST COMMUNITY BOARD
 COMMON INTEREST COMMUNITY MANAGER APPLICATION SUPPLEMENT
 EXPERIENCE VERIFICATION FORM**

Instructions:

This form is to be used to verify management services experience obtained by the supervisory employee, officer, manager, owner, or principal (qualifying individual) of the management company (applicant) named in # 2 below. Use multiple forms if necessary to verify the required number of years' experience.

Qualifying Individual: Complete items #1 through #9, then forward this form to the firm or association named in #5 wherein the qualifying individual had supervisory responsibility or principal responsibility for management services. If the form is returned directly to you from the Verifier, do not open the sealed envelope. It should be submitted to the Board in the sealed envelope as an attachment to the *Common Interest Community Manager Application*.

Verifier: Complete items #10 through #19. Return the completed form in a sealed envelope with your signature across the sealed flap. Return it to the applicant (for inclusion in their application package) or mail directly to the Board at the address listed above. Your prompt response is appreciated.

1. Qualifying Individual's Name _____

- Business Entity/Sole Proprietor's Name
2. (Applicant) _____
3. Trade or "Fictitious" Name _____
4. Mailing Address _____
 City, State, Zip Code _____
5. Firm/Association where experience was obtained _____
6. Mailing Address of Firm/Association _____
 City, State, Zip Code _____
7. Time period in which experience was obtained From (Mo/Yr) _____ To (Mo/Yr) _____
8. Indicate the management services the qualifying individual provided on behalf of the entity named in #5. **Check all that apply.**
 - 1. Acting with the authority of an association in its business, legal, financial, or other transactions with association members and non-members
 - 2. Executing the resolutions and decisions of an association or, with the authority of the association, enforcing the rights of the association secured by statute, contract, covenant, rule, or bylaw
 - 3. Collecting, disbursing, or otherwise exercising dominion or control over money or other property belonging to an association
 - 4. Preparing budgets, financial statements, or other financial reports for an association
 - 5. Arranging, conducting, or coordinating meetings of an association or the governing body of an association
 - 6. Negotiating contracts or otherwise coordinating or arranging for services or the purchase of property and goods for or on behalf of an association

7. Offering or soliciting to perform any of the above acts or services on behalf of an association
9. Qualifying Individual's Signature _____ Date _____

The Verifier should complete questions #10 through #19.

10. Verifier's Name _____
11. Relationship to qualifying individual Supervisor Employer Client
 Other (describe): _____
12. Please describe the type of Firm/Association named in #5.
 CIC Management Firm Association Real Estate Firm Other _____
13. Position held in (or relationship to) the firm/association listed in #5 _____
14. Are the dates of employment shown in #7 correct?
Yes
No If no, please explain. _____
15. Are the areas of practice selected by the applicant in #8 correct?
Yes
No If no, please explain. _____

16. Did the qualifying individual have supervisory responsibility or principal responsibility for management services provided by or to the firm/association named in #5?
Yes
No If no, please explain. _____
17. Additional comments.

18. Please indicate the best method(s) for contacting you should the Board have any questions regarding the information contained in this form.
 Phone _____
 Email _____
 Mail _____

19. Signature _____ Date _____