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** 

## COMMON INTEREST COMMUNITY MANAGER LICENSE RENEWAL APPLICATION

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.

This form is to be used for the renewal of a Common Interest Community Manager license issued by the Board. If this form is not received within 30 days of the license expiration date, a reinstatement fee is also required. After six months, this form cannot be used and the CIC Manager must apply as a new applicant.

		<u>cannot</u>	<u>' be used and th</u>	<u>ne CIC Manager m</u>	nust apply as a new applicant.		_		
	Type of Fee						Fee Due		
Rene	wal Fee						\$100.00		
Reins	statement Fee -	Did the license	e expire more t	nan 30 days ago (	but less than 6 months ago)?	+			
		○ No	(do not include S	\$200 fee)	s (add \$200 fee)				
					TOTAL FEE	S DUE =			
A. GE	NERAL INFOR	MATION							
1.	Virginia Comm	non Interest Co	ommunity Mana	ager License Numl	oer 0 5 0	1			
2.	Business Entity/Sole Proprietor' Name								
3.	Trade or "Ficti	tious" Name							
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 (12-34						,		
		State law requires every applicant, who is not a sole proprietor, to provide a federal employer identification number. Sole proprietors must provide social security number or a control number issued by the Virginia Department of Motor Vehicles.							
	Sole Proprietor's Social Security Number and/or								
☐ <u>Virginia</u> Department of Motor Vehicles Control Number *					<del></del>				
		•			DO NOT INCLUDE DA	LL SHES (12345678	 390)		
	* State la	w requires every ap	oplicant for a license	certificate, registration of	evious applications or licenses on file or other authorization to engage in a bus ontrol number issued by the <u>Virginia</u> Depa	iness, trade, prof	fession or occupation		
*5.	Street Address	s (PO Box <u>not</u>	accepted)						
			<del></del>				<del></del>		
*6.	Mailing Addre	ee (DO Boy an	City		ling Address is the <u>same</u> as the Street Ad	State	Zip Code		
0.	Mailing Addre	55 (FO DOX ac	cepted)	Officer field if the Mai	ing Address is the <u>same</u> as the offeet Ad	arcas nated abov	<b>c</b> .		
			City	/		State	Zip Code		
*7.	Contact Numb	ers							
	., ., ., .						Fax		
		* If the information provided in #5, #6 and #7 does not match the information in the Board's records, the Board's records will be updated to reflect the information contained on this form.							
8.	Email Address								
	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICENSE #		ISSUE DATE		
OFFICE	DATE	1 55	IIVANO CODE	LIVIIII #			ISSUE DATE		
USE ONLY					0501				

R	<b>BOND/INS</b>	HIDANICE	INIFORM	1ATION
О.		IIRANI.E	IINFUJEIV	14 1 11 111

B. BOND/INSURANCE INFORMATION					
9. Licensees are required to maintain a blanket fidelity bond or employ § 54.1-2346(D) of the Code of Virginia. Proof of current bond bondholder or insured must be submitted in order to renew the coverage in an amount equal to the lesser of \$2 million or the higher balances of all associations under the control of the common interest The minimum coverage amount shall be \$10,000. By signing this application, the applicant certifies that the aggregation complies with the requirements of the control of the common interest.	or insurance policy with the firm as the named license. Bond or insurance policy shall provide est aggregate amount of the operating and reserve st community manager during the prior fiscal year. regate amount of the bond or insurance policy				
a. Bond or insurance (select one) Blanket fidelity bond	☐ Employee dishonesty insurance policy				
b. Bond/Policy Amount	Expiration Date				
EMPLOYEES OBTAIN CERTIFICATION AS EMPLOYEE. Have the appropriate employee CERTIFICATE APPLICATION and submit it to  10. b. In the table below, provide the names and certificate numbers certificate as a Certified Principal or Supervisory Employee is	on interest community or who have supervisory provision of management services to a common ements?  pervisory Employee issued by the Board or work ervisory Employee?  Atterest community manager named in Question 2?  E PROCESSED UNTIL THE APPROPRIATE A CERTIFIED PRINCIPAL OR SUPERVISORY es complete a PRINCIPAL OR SUPERVISORY the Board.  S of the employees in the firm that hold a current essued by the Board. Attach a separate sheet of				
paper with the requested information if additional space is need	ed. CIC Board Certificate Number (10-digits)				
Name of Certified Principal or Supervisory Employee	(First 4 digits of the registration numbers provided)				
	0510				
• • • • • • • • • • • • • • • • • • • •	In the table below, provide the names and starting date with the common interest community manager named in Question 2. Attach a separate sheet of paper with the requested information if additional space is needed.				
Add Row Delete Row					

## D. ATTESTATION

- 11. 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

NOTE: Any changes in principals or responsible person must be submitted on the CIC Manager Change of Personnel form, available on the Department's website at <a href="https://www.dpor.virginia.gov">www.dpor.virginia.gov</a> or by contacting the Board office at (804) 367-8510.

## 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.

A492-0501REN-v3 07/01/2019