

Commonwealth of Virginia  
 Department of Professional and Occupational Regulation  
 Post Office Box 29570  
 Richmond, Virginia 23242-0570  
 (804) 367-8510  
[cic@dpor.virginia.gov](mailto:cic@dpor.virginia.gov)  
[www.dpor.virginia.gov](http://www.dpor.virginia.gov)



**Common Interest Community Board  
 COMMON INTEREST COMMUNITY MANAGER  
 CHANGE OF PERSONNEL FORM  
 No Fee Required**

- ➔ This form must be completed when there is any change in the responsible person of the firm, any principal of the firm, or the supervisory employee, officer, manager, owner, or principal (qualifying individual) of the firm.
- ➔ In accordance with 18 VAC 48-50-30.M of the Common Interest Community Manager Regulations, each Common Interest Community Manager shall designate a responsible person. 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 mailings and correspondence from the Board or Department.
- ➔ Each firm must also have one supervisory employee, officer, manager, owner, or principal (qualifying individual) who satisfies the Board's training and experience requirements.
- ➔ All changes must be reported to the Board within 30 days of the change.

**COMMON INTEREST COMMUNITY MANAGER:**

1. Business Entity/Sole Proprietor's Name \_\_\_\_\_
2. Trade or "Fictitious" Name \_\_\_\_\_
3. Firm's (10-digit) Common Interest Community Manager's License Number \_\_\_\_\_ - \_\_\_\_\_
4. Federal Employer Identification Number 

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- Sole Proprietor's* Social Security No. \* 

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5. Street Address (PO Box not accepted) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
6. Mailing Address (PO Box accepted) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
7. E-mail Address \_\_\_\_\_
8. Website Address \_\_\_\_\_
9. Telephone & Facsimile Numbers 

(    )    -	(    )    -	(    )    -
Primary Phone	Secondary Phone	Facsimile
10. Address of office from which the firm provides management services to Virginia common interest communities:
  - a. Street Address (PO Box not accepted) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
  - b. Mailing Address (PO Box accepted) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
11. Has the **responsible person** designated for the firm named in #1 changed?
 

Yes  Please complete the information below.

No  Proceed to question 12.

  - a. Name of New Responsible Person \_\_\_\_\_
  - b. Social Security No. \* 

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  - c. Street Address (PO Box not accepted) \_\_\_\_\_

City, State, Zip Code

d. Mailing Address (PO Box accepted)

City, State, Zip Code

12. Have any or all of the **principals** of the firm named in #1 changed?

Yes  Please complete the information below.

No  Proceed to question 13.

List all of 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 no managers) of a limited liability company, or officers of a corporation). Attach a separate sheet with the information below if additional space is needed.

Individual's Full Legal Name	Principal Position	Address

13. Has the **supervisory employee, officer, manager, owner, or principal of the firm (qualifying individual)** named in #1 changed?

Yes  Please complete the information below.

No  Proceed to question 14.

A. If 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 has completed training and/or experience pursuant to 18 VAC 48-50-30.J of the Board's regulations involved in all aspects of the management services offered and provided by the firm. Please provide the following information regarding the qualifying individual of the firm.

i. Qualifying Individual's Name

ii. Title

iii. Street Address (PO Box not accepted)

City, State, Zip Code

iv. Mailing Address (PO Box accepted)

City, State, Zip Code

B. Which of the following training/experience requirements contained in 18 VAC 48-50-30.J of the Board's regulations does the qualifying individual named above meet? (**Check only one.**) In addition, the documentation following the selected item must be submitted with this form.

i.  Holds an active designation as a Professional Community Association Manager by Community Associations Institute.

❖ A copy of the certificate of completion or other documentation showing evidence of completion is required.

ii.  Has successfully completed a comprehensive training program as described in 18 VAC 48-50-250.B as approved by the Board, **and** has at least three years of qualifying experience\*.

❖ A copy of the certificate of completion or other documentation showing evidence of completion of an approved comprehensive training program **and** a completed *Experience Verification Form* that documents the required qualifying experience.

iii.  Has successfully completed an introductory training program as described in 18 VAC 48-50-250.A as approved by the Board **and** has at least five years of qualifying experience\*.

❖ A copy of the certificate of completion or other documentation showing evidence of completion of an approved introductory training program **and** a completed *Experience Verification Form* that documents the required qualifying experience.

- iv.  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 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.

14. Has the firm, 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?
- No
- Yes  If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.
15. Has the firm, responsible person, or any principals of the firm ever been convicted in any jurisdiction of **any felony**, or been convicted within the last three years of **any misdemeanor**? Any guilty plea or plea of nolo contendere must be disclosed on this form. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
- No
- Yes  If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this form (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

*Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department. Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must obtain a complete criminal history record from the Virginia State Police. You may obtain a request form from the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, Virginia 23261-7472 or by contacting your local State Police Division.*

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16. During the past seven years, has the firm, 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, THE MANAGEMENT FIRM NAMED IN #1 MUST PROVIDE ALL RELEVANT INFORMATION RELATED TO THESE MATTERS, AND SPECIFICALLY SHALL 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 form.**

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17. During the past seven years, have any principals of the firm who individually or collectively own more than a 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 MANAGEMENT FIRM NAMED IN #1 MUST PROVIDE ALL RELEVANT INFORMATION RELATED TO THESE MATTERS. Failure to provide adequate documentation may result in a delay in the processing of this form.**

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18. I 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 form. I certify that I will notify the Department if the firm, the responsible person, or any principals are subject to any disciplinary action; surrender a license in connection with a disciplinary action; fail to satisfy any judgments or restitution orders; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to the receipt of the requested license. I certify that I am authorized to bind the management firm named in #1 herein. I certify that I have read, understand, and verified the accuracy of the foregoing statements and answers. I also certify that I understand, and have complied with, all the laws of Virginia under the provisions of Title 54.1, Chapter 23.3 of the *Code of Virginia* and all regulations of the *Common Interest Community Board*.

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Signature	Date
Printed Name of Signatory	Title

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**REQUIRED ATTACHMENTS:**

- ❖ 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.
- ❖ 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 14, 15, 16, and 17 on this application.

\* State law requires every management firm named in #1 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.