

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
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 Richmond, Virginia 23233-1485
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**Common Interest Community Board
 EXPERIENCE VERIFICATION FORM**

Instructions:

This form is to be used to verify management services experience obtained by (i) the supervisory employee, officer, manager, owner, or principal (qualifying individual) of a common interest community management company license applicant or (ii) an applicant for certification as a principal or supervisory employee of a common interest community manager. Multiple forms may be used to verify the required amount of experience. An applicant may not verify his/her own experience.

Applicant: Complete items #1 through #8, then forward this form to the firm or association (named in #4) where the applicant provided management services.

Verifier: Complete items #9 through #17. Return the form to the applicant (for inclusion in their application package). Your prompt response is appreciated.

1. Applicant's Name _____
Last First Middle Generation
2. Applicant's Mailing Address _____
City State Zip Code
3. I am applying to be: **Check all that apply.**
 The qualifying individual for a common interest community management company license applicant.
 Name of Management Company _____
 A certified principal or supervisory employee.
4. Firm/Association where experience was obtained _____
5. Firm/Association Mailing Address _____
City State Zip Code
6. Time period in which experience was obtained From (MM/YY) _____ To (MM/YY) _____
7. Indicate the management services you provided on behalf of the entity named in #4. **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 the association
8. Applicant's Signature _____ Date _____

Verifier should go to page 2 to complete questions #9 through #17.

9. Verifier's Name _____

10. Relationship to applicant Supervisor Employer Client
 Other (describe) _____

11. Describe the type of firm/association named in #4.
 CIC Management Firm Association Real Estate Firm Other _____

12. Verifier's position held in (or relationship to) the firm/association identified in #4 _____

13. Are the dates entered by the applicant in #6 (in which management services experience was obtained) correct?
Yes
No If no, please explain.

14. Are the areas of practice selected by the applicant in #7 correct?
Yes
No If no, please explain.

15. Additional comments

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

17. Verifier's Signature _____ Date _____