Commonwealth of Virginia
Department of Professional and Occupational Regulation
3600 West Broad Street
Post Office Box 11066
Richmond, Virginia 23230-1066
(804) 367-0307
www.dpor.virginia.gov

Fair Housing Board
CERTIFICATION APPLICATION
Fee $25.00

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 _____
   First | Middle | Last | Generation (SR, JR, III, etc.)
2. Social Security Number * ☐☐☐ - ☐☐ - ☐☐☐☐
3. Date of Birth _____
4. Home Address _____
   City, State, Zip Code _____
5. Mailing Address _____
   City, State, Zip Code _____
6. E-mail Address _____
7. Telephone & Facsimile Numbers ( ) - _____ ( ) - _____ ( ) - _____
   Telephone | Facsimile | Beeper/Cellular
8. Within the last five years, have you been found in a court or an administrative body of competent jurisdiction to have violated the Virginia Fair Housing Act, the Fair Housing Laws of any jurisdiction of the United States including without limitation Title VIII of the Civil Rights Act of 1968 (82 Stat. 73), or the Civil Rights Act of 1866 (14 Stat. 27), there being no appeal therefrom or the time for appeal having elapsed?
   No ☐
   Yes ☐ If yes, list the violation and attach a certified copy of the final order, decree, case decision or conciliation agreement by a court or regulatory agency with lawful authority to issue such order, decree, decision or agreement. **An additional 2 hours of training in other applicable federal and state discrimination laws and regulations is required.**
9. Have you successfully completed 2 hours of fair housing training within 2 years of the date of this application?
   No ☐ If no, this application cannot be processed.
   Yes ☐ If yes, please attach an original or certified copy of your certificate of course completion.

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Fair Housing Certification, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

10. I, the undersigned, 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 will notify the Department if I am subject to any disciplinary action or convicted of any fair housing violations (in any jurisdiction) prior to receiving the requested certification. I also certify that I understand, and have complied with, all the laws of Virginia related to fair housing certification under the provisions of Title 54.1, Chapter 23.2 of the *Code of Virginia* and the *Virginia Fair Housing Certification Regulations.*

Signature _____ Date _____

* 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.

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER	ISSUE DATE
				0232	