

As a result of Governor Ron DeSantis signing HB 1091 into law, initial licensure fees are reduced by 50% for Fiscal Years 2023/2024 and 2024/2025.

The total amount to be submitted for application for licensure as a Community Association Manager has been reduced from \$205.50 to \$155.50.

Please submit payment in the amount of \$155.50 with this application if applying for licensure as a Community Association Manager.

State of Florida
Department of Business and Professional Regulation
Regulatory Council of Community Association Managers
Application for Community Association Manager Examination
Form # DBPR CAM 1

APPLICATION CHECKLIST – IMPORTANT – Submit items on the checklist below with your application to ensure faster processing. Always keep a copy of your application and any supporting documents submitted to the Department.

APPLICATION REQUIREMENTS
<input type="checkbox"/> Fees: <ul style="list-style-type: none"> • \$205.50 • Make check payable to the Florida Department of Business and Professional Regulation.
<input type="checkbox"/> Electronic fingerprints. <ul style="list-style-type: none"> • Electronic Fingerprinting is available at various convenient sites throughout the state. See http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf for more information.
<input type="checkbox"/> Pre-licensure education certificate from approved provider consisting of at least 16 hours of pre-licensure education. You must pass your exam within 12 months of completing your pre-licensure education.
<input type="checkbox"/> Supporting legal documentation, if necessary. See Section III of Instructions.

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

Pre-licensure education requirements: All community association manager applicants must satisfactorily complete a minimum of 16 hours from an approved pre-licensure education provider within 12 months prior to the date of passing examination. For more information about this requirement please see Rule 61E14-1.001, Florida Administrative Code.

Examination: Americans with Disabilities Act (ADA) and Disability Accommodation. In accordance with Chapter 61-11.008, Florida Administrative Code, if you have a disability and you need special assistance with the examination process please call the Bureau of Education and Testing at (850)487-9755 immediately.

Reexamination: Approval of your examination application is valid for one year. If you fail the examination during this one year you may apply for reexamination by using form DBPR CAM 3. Your pre-licensure certificate is also only valid for one year. You may need to complete the pre-licensure course again if you have not passed the exam within one year of the original course completion date and your examination application is still valid.

Application Instructions:

- a) **Section I- Application Type**
 - i) Select the method of application under which you wish to qualify.
- b) **Section II- Applicant Information**
 - i) Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
 - ii) In the Full Legal Name section, applicants must provide their full legal name. Do not use any nicknames, aliases, or initials.
 - iii) Provide your mailing address. This will be used for sending correspondence regarding your application and license.
 - iv) Provide a valid phone number and email address. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
 - v) Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
 - vi) Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.
- c) **Section III (a), (b), and (c) - Background Questions.**
 - i) Question 1:
 - (1) If you answer "Yes" to this question, you must complete Section III (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), **and** documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If the violation regards a conviction for the sale or trafficking in, or conspiracy to sell or traffic in, a controlled substance as specified in Section 775.16, Florida Statutes, the applicant must submit documentation that the conditions of Section 775.16(2), Florida Statutes, have been met.
 - (3) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
 - (4) Supporting documents for background questions should include (when applicable) a detailed explanation, a certified true copy of the charges, plea, judgment and sentence, order of entry into pre-trial intervention, order of termination of pre-trial intervention, completion of probation or community service and/or character references. Please see 61-20.001, Florida Administrative Code for further details.
 - ii) Question 2:
 - (1) If you answer "Yes" to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application by explaining the nature of the case and the allegations made against you. If a judgment was entered against you, please supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
 - iii) Question 3:
 - (1) If you answer "Yes" to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application by explaining the reason for denial or pending action. You may be asked to supply copies of documentation ordering the denial or pending action.
 - iv) Question 4:
 - (1) If you answer "Yes" to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application by providing an explanation for the action against your license and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- d) **Section IV- Affirmation by Written Declaration**
 - i) You must sign and date the affirmation by written declaration.
 - ii) If the applicant fails to sign the affirmation statement the Department will not process the application.

State of Florida
Department of Business and Professional Regulation
Regulatory Council of Community Association Managers
Application for Community Association Manager Examination
Form # DBPR CAM 1

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.
For additional information see the Instructions at the beginning of this application.

Section I – Application Type

APPLICATION TYPE	
<input type="checkbox"/>	Initial Application [3801/1010]
SPECIAL ACCOMODATIONS FOR TESTING	
Americans with Disabilities Act (ADA) and Disability Accommodation. In accordance with Chapter 61-11.008, Florida Administrative Code, if you have a disability and you need special assistance with the examination process please call the Bureau of Education and Testing at (850)487-9755 immediately.	

Section II – Applicant Information

APPLICANT INFORMATION		
Social Security Number*		
FULL LEGAL NAME		
Last Name	First	Middle
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section II – Applicant Information continued

CONTACT INFORMATION				
Phone Number		Fax Number		
Email Address				
CURRENT/PRIOR LICENSE INFORMATION				
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):				
1. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
2. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
3. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
PRIOR NAME INFORMATION				
Have you used, been known as, or are currently known by another name (example - maiden name, nickname) or alias other than the name provided in the legal name section of the applicant information?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is "Yes," state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

Section III(a) – Background Questions

BACKGROUND QUESTIONS			
<p>If you answer "YES" to any question below, please refer to Section III of instructions for detailed information on providing complete explanation(s) and requirements for submitting supporting legal documents. Please complete Section III (b) for your response to question 1, and complete Section III (c) for your response to questions 2 through 4. If you have more offenses/incidents to document in Section IV (b) or (c), attach additional copies as necessary.</p>			
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.</p>
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Are you now or have you ever been a defendant in civil litigation in this or any other state, province, district, territory, possession or nation, in which the basis of the complaint against you was alleged negligence, fraudulent or dishonest dealing, foreclosure, bankruptcy, or breach of fiduciary duty related to the practice or profession for which you are applying, or is there any such case or investigation pending?</p>
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Have you ever had an application for registration, certification, or licensure in Florida or in any other state, province, district, territory, possession or nation denied, or is there now pending a proceeding or investigation to deny such an application?</p>
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Has any professional license, registration, certification or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined including probation, fine, or reprimand in a disciplinary proceeding in Florida or in any other state, province, district, territory, possession or nation, or is any such proceeding or investigation now pending?</p>

Section III (b) – Explanation(s) for Background Question 1

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section IV –Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	