

State of Florida
Department of Business and Professional Regulation
Regulatory Council of Community Association Managers
Re-Examination for Licensure as a Community Association Manager
Form # DBPR CAM 3
[3801/1011]

This application is used by applicants seeking an initial license who have previously failed the Community Association Manager examination and whose pre-licensure education was completed within the last 12 months.

The examination candidate must reapply to qualify for the examination by using form DBPR CAM 1 if the date of initial application approval exceeds one year.

APPLICATION CHECKLIST – IMPORTANT – Submit items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS
<input type="checkbox"/> Fees: <ul style="list-style-type: none"> • \$68.50 • Make check payable to the Florida Department of Business and Professional Regulation
<input type="checkbox"/> Pre-licensure education certificate if the course was not already completed in the last 12 months.

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

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 I – Applicant Information

APPLICANT INFORMATION			
Social Security Number*	Date of last failed examination (mm/dd/yyyy) / /		
FULL LEGAL NAME			
Last Name	First	Middle	
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
CONTACT INFORMATION			
Phone Number	Email Address**		

* 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.

** Email addresses are used to quickly resolve application issues and to quickly disseminate information regarding re-examination. If not provided, issues may not be resolved as quickly and information regarding re-examination may take additional time to arrive.



Section II –Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
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.	
Signature:	Date:
Print Name:	