

State of Florida
Department of Business and Professional Regulation
Regulatory Council of Community Association Managers
Community Association Manager Change of Status Application
Form # DBPR CAM 4

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
<p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> • Set to Active (set license to active status outside of renewal cycle) \$25.00 • Set to Inactive (set license to inactive status outside of renewal cycle) \$15.00 • Make check payable to the Florida Department of Business and Professional Regulation. <p>Set to Active applicants must submit:</p> <p><input type="checkbox"/> Proof of completing the continuing education requirements for one renewal cycle. The continuing education requirement for Community Association Managers is 15 hours. For more information on continuing education requirements please see Rule 61E14-4.004, Florida Administrative Code.</p>

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

Application Instructions:

- a) **Section I- Application Type**
 - i) Select Set License to Inactive if you wish to change from active status to inactive status.
 - ii) Select Reactivate License if you wish to change from an inactive status to active status. Note that you must complete Continuing Education (CE) requirements to reactivate your license.
- b) **Section II- Licensee Information**
 - i) Fill out each section completely.
 - ii) Provide your license number.
 - iii) Provide your name as it appears on the community association manager license. Do not use any nicknames, aliases or initials.
 - iv) Provide your mailing address. This will be used for sending correspondence regarding your application and license.
 - v) 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.
- c) **Section III – 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.

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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

Select the Action Requested	
<input type="checkbox"/> Set License to Inactive [3801/4020]	<input type="checkbox"/> Reactivate License [3801/3020]
Note: An inactive license status will prohibit you from acting as a licensed community association manager under any and all circumstances in this state.	

Section II – Licensee Information

LICENSEE INFORMATION		
License Number		
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	

Section III – 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:	

