

**INSTRUCTIONS FOR COMPLETING THE  
COMMUNITY ASSOCIATION MANAGEMENT  
BUSINESS ENTITY REGISTRATION FORM**

**Application begins on page 2**

*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.*

In filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is furnished. Applicants are cautioned to read questions thoroughly.

**APPLICATION CHECKLIST**

Select the appropriate transaction below and comply with the corresponding application requirements.

TRANSACTION	APPLICATION REQUIREMENTS
<b>Initial Registration</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> There is no fee for the initial registration of the community association management business entity</li><li><input type="checkbox"/> Complete DBPR 0020-1 – Master Organization Application form</li><li><input type="checkbox"/> Complete DBPR CAM-4303 - Community Association Management Business Entity Registration form</li></ul>
<b>Change Information</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> There is no fee for requesting a change to the information of the community association management business entity</li><li><input type="checkbox"/> Complete DBPR CAM-4303 - Community Association Management Business Entity Registration form</li></ul>

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

Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-0783

[www.MyFlorida.com](http://www.MyFlorida.com)

**DBPR 0020-1 – Master Organization Application**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

ORGANIZATION INFORMATION		
Federal Employer ID Number/Social Security Number*		
Organization/Applicant Name		
Doing Business As (D/B/A) Name		
Ownership: Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture Agreement <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Estate <input type="checkbox"/> Professional Association <input type="checkbox"/> Other <input type="checkbox"/>		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
Contact Name		
Primary Phone Number	Primary E-Mail Address	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

**DBPR CAM-4303– Community Association Management Business Entity Registration Form**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399-0783**

**NOTE – This form must be submitted as part of an entire application packet**

*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.*

<b>CHECK ACTION REQUESTED</b>
<input type="checkbox"/> Initial Registration <input type="checkbox"/> Change of Information

<b>BUSINESS INFORMATION</b>			
Business Name		License Number (if applicable)	
Registrant Name/Title		Social Security Number* - -	
Address			
City	State	Zip Code	County
Business Phone Number			

\*Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal Statute. In this instance, Social Security Numbers are mandatory pursuant to Title 42, United States Code, Sections 653 and 654; and Sections 455.203(9), 409.25577, and 409.2598, F.S. Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317.

**ADDITIONAL BUSINESS REGISTRATION QUESTIONS**

1. How long has your business been in existence? ___ Years ___ Months	
2. If incorporated, list the charter number:	
3. List each officer's name and title. Use additional paper if necessary.	
a. Name	Title
b. Name	Title
c. Name	Title
d. Name	Title
4. List the names and license numbers of those who hold a community association manager's license and the names of those who have applied. Submit the names and license numbers of the applicants once they receive their license.	
a. Licensee Name	License Number
b. Licensee Name	License Number
c. Licensee Name	License Number
d. Licensee Name	License Number

**AFFIRMATION STATEMENT**

I, as an officer of this business entity, affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Registrant Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_