

**INSTRUCTIONS FOR COMPLETING THE
COMMUNITY ASSOCIATION MANAGEMENT
FIRM LICENSE APPLICATION**

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. Any changes to approved applications must be reported to the department within 30 days.

APPLICATION CHECKLIST

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

TRANSACTION	APPLICATION REQUIREMENTS
Initial Application	<ul style="list-style-type: none"><input type="checkbox"/> Pay license fee of \$105.00<input type="checkbox"/> Make check payable to the Department of Business and Professional Regulation<input type="checkbox"/> Complete DBPR 0020-1 – Master Organization Application form<input type="checkbox"/> Complete DBPR CAM-4303 - Community Association Management Firm License Application<input type="checkbox"/> Articles of Incorporation/Fictitious Name Registration
Change Information	<ul style="list-style-type: none"><input type="checkbox"/> Pay fee of \$15.00<input type="checkbox"/> Make check payable to the Department of Business and Professional Regulation<input type="checkbox"/> Complete DBPR CAM-4303 - Community Association Management Firm License Application

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.MyFloridaLicense.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, Section 653, 654, and 666(a); and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social security numbers must be recorded on all professional and occupational license applications and will be used to allow efficient screening of applicants and licensees by Title IV-D Child Support Agency to assure compliance with child support obligations.

DBPR CAM-4303– Community Association Management Firm License Application

**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**

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

BUSINESS INFORMATION			
Business Name	Prior Registration Number (if applicable)		
Applicant Name/Title	Social Security/FEID Number - -		
Address			
City	State	Zip Code	County
Business Phone Number			

Please list all owners of this company holding greater than or equal (> or =) to 10% of the company's stock or equity.		
Name	Social Security Number*	Address
1.		
2.		
3.		
4.		
5.		
6.		

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ADDITIONAL BUSINESS LICENSE 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, social security number, address and title. Use additional paper if necessary.			
a. Name	Social Security Nbr*	Address	Title
b. Name	Social Security Nbr*	Address	Title
c. Name	Social Security Nbr*	Address	Title
d. Name	Social Security Nbr*	Address	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	
5. Designated CAM authorized to respond to inquiries from and investigations by the department or division. Please list the license number of the designated CAM.			

AFFIRMATION STATEMENT
I affirm that I have provided the above information completely and truthfully to the best of my knowledge.
Applicant Signature: _____
Date: ___/___/___

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