

**INSTRUCTIONS FOR COMPLETING THE
INITIAL APPLICATION FOR LICENSURE AS COMMUNITY ASSOCIATION MANAGER**

Application begins on page 3

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.

ESSENTIAL INFORMATION FOR APPLICANTS

1. In filing an application, be certain that the application is completely executed, that all questions are answered truthfully, and that all requested information is furnished.
2. Pay **\$228.00 fee**, which includes the following:
 - Application Fee – \$50.00 – (Non-refundable)
 - Licensure Fee – \$100.00
 - Unlicensed Activity Fee – \$5.00
 - Examination Fee – \$73.00
3. Provide **ELECTRONIC FINGERPRINTING** for the purpose of a criminal background check through the Florida Department of Law Enforcement and Federal Bureau of Investigation.

All applications for initial licensure or changes of status are required to have a criminal background check performed by the Florida Department of Law Enforcement and Federal Bureau of Investigation. The Department of Business and Professional Regulation only accepts electronic fingerprinting service offered by Livescan device vendors approved by the Florida Department of Law Enforcement and listed at their site. You can view the vendor options and contact information at [Livescan Device Vendors](#) List. Fingerprint results are valid for two years from the date of submission.

The application must be supplemented as needed to reflect any material change in any circumstance or condition stated in the application which takes place between the initial filing of the application and the final grant or denial of the license and which might affect the decision of the department.

If you are located outside of the state of Florida, or if you have any questions regarding the electronic fingerprinting process, please view the [Electronic Fingerprinting FAQ](#).

4. Failure to comply with these instructions will be considered an incomplete application and prevent it from being processed.
5. Pursuant to § 775.16(2), Florida Statutes, relating to conviction of certain offenses involving controlled substances, an applicant is disqualified from applying for a license unless the requirements of that statute have been met.
6. Pursuant to Rule 61-20.001(5)(a) 5., Florida Administrative Code, failing to provide full and complete disclosure or failing to provide accurate information on this application for licensure or in materials subsequently provided to the department may result in the denial of this application.

APPLICATION CHECKLIST

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

TRANSACTION	APPLICATION REQUIREMENTS
Initial Licensure Application	<ul style="list-style-type: none"><input type="checkbox"/> Pay \$228.00 fee<input type="checkbox"/> Make check payable to the Department of Business and Professional Regulation<input type="checkbox"/> Complete DBPR 0010 – Master Individual Application form<input type="checkbox"/> Complete DBPR 0050 – Explanatory Information for Background Questions form (if applicable)<input type="checkbox"/> Complete DBPR 0060 – General Explanatory Description form (if applicable)<input type="checkbox"/> Complete DBPR CAM 4301 – Initial Application for Licensure as Community Association Manager form<input type="checkbox"/> Complete DBPR CAM 4304 – Examination Accommodation Request form, if applicable<input type="checkbox"/> Submit electronic fingerprints for background investigation through an approved Livescan vendor<input type="checkbox"/> Submit Prelicensure Education Certificate<input type="checkbox"/> Submit Criminal History documentation, if required<input type="checkbox"/> Submit Civil History documentation, if required
Initial Application from Null and Void Status	<ul style="list-style-type: none"><input type="checkbox"/> Pay \$155.00 fee<input type="checkbox"/> Make check payable to the Department of Business and Professional Regulation<input type="checkbox"/> Complete DBPR CAM 4301 – Initial Application for Licensure as Community Association Manager form<input type="checkbox"/> Complete DBPR CAM 4304 – Examination Accommodation Request form, if applicable<input type="checkbox"/> Submit electronic fingerprints for background investigation through an approved Livescan vendor<input type="checkbox"/> Submit Prelicensure Education Certificate<input type="checkbox"/> Submit Criminal History documentation, if required<input type="checkbox"/> Submit Civil History documentation, if required

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

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

PERSONAL INFORMATION				
Social Security Number*				
Last Name		First	Middle	Title Suffix
Birth Date (MM/DD/YYYY)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Spanish, Hispanic or Latino <input type="checkbox"/> Other				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
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				
Business/Firm Name				
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.

PRIOR LICENSE INFORMATION			
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:			
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	

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any 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 943.058, 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 WILL 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.
2.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

PRIOR NAME INFORMATION				
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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

ATTEST STATEMENT

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: _____

Print Name: _____

Social Security Number: _____

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
NOTE – This form must be submitted as part of an
application packet**

PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form DBPR 0010 this explanation pertains to:				

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

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

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

Attach additional sheets as necessary

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1940 North Monroe Street
Tallahassee, FL 32399-0783**

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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.*

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix

CHECK TRANSACTION REQUESTED
<p>Transaction Type:</p> <p><input type="checkbox"/> Initial Application</p> <p><input type="checkbox"/> Initial Application from Null and Void Status</p>

EXAMINATION INFORMATION
<p>**Applicants who have previously held a license and are returning from a Null and Void status are not required to take the exam again. Please answer <u>question 3 only</u> along with the rest of the application.</p>
<p>1. Do you require some accommodation in taking this examination, as a result of the American Disabilities Act (ADA) or religious reasons? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete DBPR CAM 4304 – Examination Accommodation Request</p>
EXAM/LICENSE HISTORY
<p>2. Have you previously applied for a Community Association Manager’s License? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is “Yes,” please provide the date. ____ / ____ / ____</p>
<p>3. Have you failed any previous examination for licensure as a Community Association Manager? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • If the answer is “Yes,” how many times did you fail? _____ • What was the date of the last failed examination? ____ / ____ / ____

COMMUNITY ASSOCIATION MANAGEMENT		
<p>Are you currently being compensated or receiving remuneration for providing community association management services for one or more community associations in which the <i>total</i> number of units is more than ten (10) or the <i>total</i> annual operating budget or budgets exceeds \$100,000? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)</p> <p>If the answer is "Yes," provide the following information below (duplicate this page as necessary if managing more than one community association):</p>		
Name of Community		
Street Address		
City	State	Zip Code (+4 Optional)
Telephone Number	Date of Employment	
Position	Supervisor	
Duties:		

EMPLOYMENT				
<p>Provide your employment history beginning with your current employer. The telephone number must be a number where the individual can be reached between the hours of 8 a.m. and 5 p.m., Monday through Friday. Attach separate sheets of paper entitled "Employment" if additional space is needed.</p>				
EMPLOYER	SUPERVISOR	DATES OF EMPLOYMENT	MAILING ADDRESS	TELEPHONE

BACKGROUND INFORMATION
<p>1) Have you ever relinquished or withdrawn from any license, certification, registration or permit to practice any regulated profession in this or any other state, province, district, territory, possession or nation or is any proceeding now pending? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2) Civil History Have you been, or are you now, involved in any civil lawsuits or administrative actions in this or any other state, province, district, territory, possession or nation? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3) Criminal History Have you ever been convicted of sale or trafficking in, or conspiracy to sell or traffic in, a controlled substance as specified in Section 775.16, Florida Statutes? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>NOTE: If you answered "Yes" to question 1 above, please complete the DBPR 0050 Explanatory Information for Background Questions form. If you answered "Yes" to question 2 above, please complete the DBPR 0050 Explanatory Information for Background Questions form which must include an attachment of a complete, signed and dated statement giving the date, case number, location, court before which the matter was, or is now, being heard, the facts of the case and the disposition or outcome for each. If you answered "Yes" to question 3 above, please complete the DBPR 0060 General Explanatory Description form which must provide documentation that the conditions of section 775.16(2), F.S., have been met.</p>

AUTHORIZATION AND RELEASE

I, (print or type name) _____, having filed an application with the Department of Business and Professional Regulation and fully recognizing the responsibility to the public lodged with the department to determine that only those of high character and ability are licensed as Community Association Managers, hereby authorize and request every person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me relevant to my good moral character and fitness to perform the responsibilities of a manager, to furnish the originals or copies of such documents, records and other information to said department, or any of its representatives and to permit said department or any of its representatives to inspect and make copies of any such documents, records and other information.

I hereby authorize all such persons as set out above to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the department or its authorized representative, and to appear before said department or its authorized representative and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned.

I hereby release and exonerate every person, firm, officer, corporation, association, organization or institution which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in any way pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by said department.

Signature of Applicant _____ Date ____ / ____ / ____

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ACCOMMODATION REQUEST FORM				
This information may be subject to disclosure under the Public Records Law, Chapter 119, Florida Statutes.				
Last Name	First	Middle	Title	Suffix
Street	City	State	Zip	
Phone #	Social Security Number*			
<p>CHECK ALL THAT APPLY:</p> <p><input type="checkbox"/> Accessible Testing Site</p> <p><input type="checkbox"/> Braille <input type="checkbox"/> Large Print <input type="checkbox"/> Tape</p> <p><input type="checkbox"/> Reader as accommodation for visual impairment</p> <p><input type="checkbox"/> Scribe/amanuensis as accommodation for visual or motor impairment</p> <p><input type="checkbox"/> Reader as accommodation for learning disability</p> <p><input type="checkbox"/> Scribe/amanuensis as accommodation for learning disability</p> <p><input type="checkbox"/> Sign Language Interpreter</p> <p><input type="checkbox"/> Separate Testing Area</p> <p><input type="checkbox"/> Use of computer or other adaptive equipment (specify): _____</p> <p><input type="checkbox"/> Extended Time: <input type="checkbox"/> Time-and-a-half <input type="checkbox"/> Double Time</p> <p><input type="checkbox"/> More than double time (specify): _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Comments: _____</p> <p style="text-align: center; margin-top: 10px;">Some accommodation requests may require additional documentation.</p>				

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