

**State of Florida**  
**Department of Business and Professional Regulation**  
**Regulatory Council of Community Association Managers**  
**Application for Community Association Management Firm License**  
**Form # DBPR CAM 2**

This application is used to request initial licensure of a community association management firm. In order for a firm to offer management services there must be a licensed Community Association Manager (CAM) on staff.

**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.**

<b>APPLICATION REQUIREMENTS</b>
<input type="checkbox"/> Fees: <ul style="list-style-type: none"><li>• \$105</li><li>• Make check payable to the Florida Department of Business and Professional Regulation.</li></ul>
<input type="checkbox"/> Each community association management firm must be actively registered and authorized to do business in this state by filing with the Department of State's Division of Corporations.
<input type="checkbox"/> Each community association management firm application must designate a licensed community association manager who shall be required to respond to all inquiries from and investigations by the Department.
<input type="checkbox"/> The community association management firm will employ only licensed community association managers in the direct provision of community association management services.
<input type="checkbox"/> <b>For more information regarding licensure requirements please refer to Section 468.432, Florida Statutes and Chapter 61-20 of the Florida Administrative Code.</b>

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

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

**Application Instructions:**

- a) **Section I – Business Information**
  - i) Fill out each section completely.
  - ii) Provide the name of the community association management firm as it is registered with the Florida Division of Corporations.
  - iii) The “Doing Business As” (D/B/A) name must be provided as it is registered with the Florida Division of Corporations, if the community association management firm uses a fictitious name to conduct business.
  - iv) Applicants must provide the Tax Identification Number for the firm to be licensed. (Federal Employer Identification Number or Social Security number, as applicable.) See [www.irs.gov](http://www.irs.gov) for more information.
  - v) Provide the name and title of the person making application for the community association management firm. This person should be an owner, officer, or director of the firm authorized to execute the application for the firm.
  - vi) Provide the mailing address for the firm. This may be a post office box address.
  - vii) Provide the physical location of the firm’s main place of business. This address must be a physical location. A post office box is not acceptable for the business location address.
  - viii) Provide a valid phone number, fax 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.
- b) **Section II– Designated Licensed Community Association Manager**
  - i) Provide the name, license number, Social Security number and address for the licensed community association manager who will be designated to respond to all inquiries from and investigations by the Department.
- c) **Section III– Business Ownership Information**
  - i) The following persons must provide the information requested in this section:
    - (1) All owners holding greater than or equal to 10% of the firm’s stock or equity;
    - (2) All officers and directors of the firm.
  - ii) Provide the name and title of the owner, officer and / or director.
  - iii) Provide the Community Association Manager (CAM) license number if the owner, officer, or director holds a CAM license.
  - iv) Social Security number of the owner, officer and / or director.
  - v) Provide the address for the owner, officer and / or director.
  - vi) Please use additional paper if necessary to ensure all owners, officers and directors have been listed.
- d) **Section IV – Licensed Community Association Manager Employees**
  - i) Provide the names and license numbers for all employees who will be employed as community association managers within the firm.
- e) **Section V – Affirmation by Written Declaration**
  - i) The applicant must sign and date the affirmation by written declaration. This should be the owner, officer or director of the firm authorized to execute the application for the firm, as provided in Section I of the application.
  - ii) If the applicant fails to sign the affirmation statement the Department will not process the application.

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**[3802/1030]**

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 – Business Information**

BUSINESS INFORMATION		
Business Name		
Doing Business As (D/B/A)		
Tax Identification Number		
BUSINESS MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
CONTACT INFORMATION		
Contact Name:		
Telephone Number	Fax Number	
Email Address		

**Section II – Designated Licensed Community Association Manager**

DESIGNATED LICENSED COMMUNITY ASSOCIATION MANAGER		
Name		
License Number	Social Security Number*	
Telephone Number	Email Address	
Street Address		
City	State	Zip Code (+4 optional)

\* 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.

**Section III – Business Ownership Information**

<b>BUSINESS OWNERSHIP INFORMATION</b>		
Please provide the information requested below for the following persons: (make additional copies as necessary)		
<ul style="list-style-type: none"> <li>• all owners of this company holding greater than or equal to 10% of the firm's stock or equity</li> <li>• all officers and directors of the firm</li> </ul>		
Name		Title
CAM License Number (if applicable)		Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
Name		Title
CAM License Number (if applicable)		Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
Name		Title
CAM License Number (if applicable)		Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
Name		Title
CAM License Number (if applicable)		Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
Name		Title
CAM License Number (if applicable)		Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
Name		Title
CAM License Number (if applicable)		Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)
Name		Title
CAM License Number (if applicable)		Social Security Number*
Street Address		
City	State	Zip Code (+4 optional)

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**Section IV – Licensed Community Association Manager Employees**

LICENSED COMMUNITY ASSOCIATION MANAGER EMPLOYEES	
Name	License Number
Name	License Number
Name	License Number
Name	License Number
Name	License Number
Name	License Number
Name	License Number
Name	License Number
Name	License Number
Name	License Number
Name	License Number

**Section V – 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. <b>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.</b></p>	
<p>Signature of Authorized Firm Owner/Officer/Director:</p>	
<p>Print Name:</p>	<p>Date:</p>