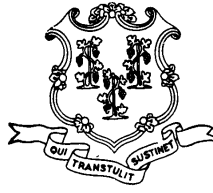


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LICENSE SERVICES DIVISION
450 COLUMBUS BLVD, STE.801
HARTFORD, CT 06103
Email: dcp.licenseservices@ct.gov
Web site: www.ct.gov/dcp



INDIVIDUAL COMMUNITY ASSOCIATION MANAGER (CAM) REQUIREMENTS

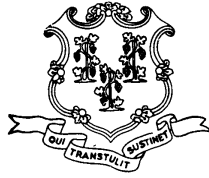
The following is required for all CAM applicants:

- Completed notarized application
- Check or money order in the amount of **\$160.00** made payable to "Treasurer, State of Connecticut." The \$60.00 application fee is non-refundable and non-transferable.
- Original state background check:
 - State Police Bureau of Identification
1111 Country Club Road
Middletown, CT 06457.
<https://portal.ct.gov/despp>
Select "CT Only Criminal Conviction History Record Search (Name/DOB Search will provide a copy only if a record exists)".
 - Certificate confirming the successful completion of a nationally recognized course on community association management. The Community Association Institute's (CAI) M-100 course satisfies this requirement. Information on the course can be found at <https://www.caionline.org/LearningCenter/Education-for-Managers/Pages/default.aspx>.
 - Certificate confirming the successful completion of the National Board of Certification for Community Association Manager's (CMCA) examination. Information on the CMCA Examination can be found at <https://www.camicb.org>.

The following is required once you begin managing associations:

- List of all associations to be managed
- Proof of commercially available insurance policy for each association managed and verifying statement of assessments plus reserve funds signed by the Association Treasurer or Assistant Treasurer and by one other officer. The policy must include the following:
 - provide protection of funds belonging to an association from the theft by a community association manager, a community association management company or its employees
 - cover the maximum funds that will be in the custody of the community association manager at any time while the policy is in force, and in no event be less than the sum of three months' assessments plus reserve funds;
 - name the association as obligee;
 - cover the community association manager and all partners, officers, employees of the manager and may cover other persons controlling, collecting, having access to or disbursing association funds as well;
 - be conditioned upon the persons covered by the policy truly and faithfully accounting for all funds received by them, under their care, custody or control, or to which they have access.

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COMMUNITY ASSOCIATION MANAGER (CAM) APPLICATION

This application must be accompanied by a check or money order in the amount of **\$160.00** made payable to "Treasurer, State of Connecticut." The \$60.00 application fee is non-refundable and non-transferable. Please return this completed application, all required documentation and fee to the above address.

Section I: Applicant Information

First Name		Middle Initial	Last Name	
Residence Address		City	State	Zip Code
Telephone Number	Email Address to be used for all correspondence		Social Security Number	Date of Birth
Mailing Address (if different from above)		City	State	Zip Code
1. Have you ever held a CT CAM registration either as an individual or in connection with a business? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide the CAM registration number. CAM. _____.				
2. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, attach statement providing the date(s) and nature of conviction(s), where the cases were decided, and a description of the circumstances.				
3. Have you ever been convicted of a crime including, but not limited to, forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud, or any like offense? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, attach statement providing the date(s) and nature of conviction(s), where the cases were decided, and a description of the circumstances.				
4. Have you ever had a professional license/registration refused, suspended, revoked or had a complaint filed against you in any State or D.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, attach a statement providing the state(s) and the details regarding the type of action taken or nature of complaint.				

Section II: Employment Information

Will you manage associations on behalf of an employer? YES NO If Yes, provide the name of the employer below

Name of Employer: _____

Section III: Association(s) to be Managed

Provide a copy of the certificate of insurance for each association managed & verifying statement of assessments plus reserve funds. Attach additional sheets as necessary.

Name of Association	Address of Association	Date of Management	# of Units	Amount of Insurance (3 Months Assessments + Reserve Funds = Amount of Insurance)

Section IV: Notarization

I, _____ being duly sworn according to law, hereby affirm that the answers given in
Applicant's Printed Name
 this application are true to the best of my knowledge and belief.

Signature of Applicant

Date

Subscribed and sworn to before me, this _____ day of _____ 20 _____.

Signature of Notary Public, Justice of the Peace, Commissioner of Superior Court

My Commission Expires