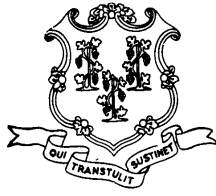


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 LICENSE SERVICES DIVISION
 450 COLUMBUS BLVD, STE. 801
 HARTFORD, CT 06103
 Email: dcp.licenseservices@ct.gov
 Website: www.ct.gov/dcp



For Official Use Only

COMMUNITY ASSOCIATION MANAGER (CAM) TRAINEE APPLICATION

This form must be completed by a community association manager trainee applicant and registered CAM for the purpose of being trained in the provision of association management services for a period not to exceed 6 months from issuance. No fee required.

Section I: Trainee 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? 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 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 offenses? <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: Supervising CAM Information

THIS SECTION MUST BE COMPLETED BY THE TRAINEE'S DIRECT SUPERVISOR				
Supervisor's Name			Supervisor's CAM Registration #	
Office Address		City	State	Zip Code
Email Address			Telephone Number	

I will provide direct supervision and accept full responsibility for the work performed by the community association trainee listed above for a period not to exceed 6 months.

Signature of Supervisor	Date
Printed Name of Supervisor	

Section III: Certification

I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.

 Signature of Applicant

 Date