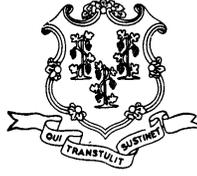


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LICENSE SERVICES DIVISION
165 CAPITOL AVENUE
HARTFORD, CT 06106
Email: dcp.licenseservices@ct.gov
Web site: www.ct.gov/dcp



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** (\$60 non-refundable application fee + \$100 initial registration fee) made payable to "Treasurer, State of Connecticut."
- Original State **AND** Federal background checks

State Police Bureau of Identification
1111 Country Club Road
Middletown, CT 06457.
<http://www.ct.gov/despp>

National criminal history may be obtained from:
<https://www.fbi.gov>

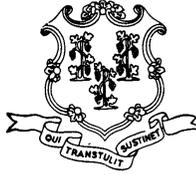
The following is required if you are not managing associations on behalf of an employer:

- List of all associations to be managed
- Proof of fidelity bonds 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 bond must include the following:
 - cover the maximum funds that will be in the custody of the community association manager at any time while the bond 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 bond truly and faithfully accounting for all funds received by them, under their care, custody or control, or to which they have access.

The following is required at the time of application *or* not later than one year following the date of issuance:

- 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>

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For Official Use Only

Individual 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." Please return this completed application and fee to the above address. Applications received without the required state and federal background checks will be returned.

Section I: Applicant Information

First Name		Middle Initial	Last Name	
Residence Address		City	State	Zip Code
Telephone Number	Email Address	Social Security Number		Date of Birth
Mailing Address (if different from above)		City	State	Zip Code
Have you ever been convicted of or now under arrest for forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud, or any like offense? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, attach a statement including the nature of crime and disposition.</i>				
Have you ever had a license or registration refused, revoked or suspended in any State or the District of Columbia? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, attach a statement including the state(s) and type(s) of action taken.</i>				
Have you successfully completed the CAI M-100 course and the CMCA examination? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, provide copies of both certificates.</i>				

Section II: Employment Information

Will you manage one or more associations on behalf of an employer? Yes No *If Yes, provide the information below.*

Name of Employer: _____

Employer CT CAM Registration #: _____

Section III: Association(s) to be Managed

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

Name of Association	Address	Date of Management	# of Units	Amount of Bond <small>(3 Months Assessments + Reserve Funds = Amount of Bond)</small>

Section IV: Notarization

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

Applicant's Printed Name

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