

State of Florida
Department of Business and Professional Regulation
Regulatory Council of Community Association Managers
Community Association Management Firm Maintenance Form
Form # DBPR CAM 10

This application is to make changes to a current community association management firm license. In order for a firm to offer management services there must be a designated 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.

TRANSACTION	APPLICATION REQUIREMENTS
CAM Firm Name Change	<input type="checkbox"/> Complete Section I, II and VI. <input type="checkbox"/> Business name should be amended with the Department of State Division of Corporations.
CAM Firm Address Change	<input type="checkbox"/> Fee \$15. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I, II and VI.
Designated CAM Change	<input type="checkbox"/> Fee \$15. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I, III and VI.
CAM Firm Employee Change	<input type="checkbox"/> Submit the \$15 fee. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I, IV and VI. <input type="checkbox"/> Provide additional pages if necessary.
Close Business	<input type="checkbox"/> Complete Sections I, V and VI. <input type="checkbox"/> Return license with application.

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

Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

General Information:

- a) Changes to the CAM Firm should match a change with the Department of States Division of Corporation.
- b) This form can not be used if a new CAM Firm business was created instead of amending a previous business. An initial CAM Firm application, DBPR CAM 2, will need to be completed.
- c) A name change will require an issuance of a new license.

Application Instructions:

- a) **Section I – Application Type**
 - i) Check only the applicable transaction(s) you are seeking.
- b) **Section II - Business Information**
 - i) Include the current business name and license number.
 - ii) Provide the new 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 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 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.
- c) **Section II – Business Location Information**
 - i) Provide the new mailing address. This may be a post office box address.
 - ii) Provide the new 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.
- d) **Section III – 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.
- e) **Section IV – License Community Association Manager Employees**
 - i) Indicate if the individual is being adding or removed from the Firm.
 - ii) Provide the names and license numbers for all employees who will be employed as community association managers within the firm.
- f) **Section V – Close Business**
 - i) Provide the name and license number of the business being closed.
- g) **Section VI – 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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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**.

Section I – Application Type

CHECK ONE OF THE APPLICATION TYPES	
<input type="checkbox"/>	CAM Firm Name Change [3802/9006]
<input type="checkbox"/>	CAM Firm Address Change [3802/3021]
<input type="checkbox"/>	Designated CAM Change [3802/3022]
<input type="checkbox"/>	CAM Firm Employee Change [3802/3022]
<input type="checkbox"/>	Close Business [3802/8080]

Section II - Business Name Change

BUSINESS INFORMATION	
Current Business Name	
License Number	
Tax Identification Number	
New Business Name	
Doing Business As (D/B/A)	
CONTACT INFORMATION	
Contact Name:	
Telephone Number	Fax Number
Email Address	

Section II – Business Location Information

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)



Section III – Designated Licensed Community Association Manager

DESIGNATED LICENSED COMMUNITY ASSOCIATION MANAGER			
Name			
License Number		Social Security Number*	
Business Name			License 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 IV – Licensed Community Association Manager Employees

LICENSED COMMUNITY ASSOCIATION MANAGER EMPLOYEES		
Business Name		License Number
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Name / License Number
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Name / License Number
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Name / License Number
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<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Name / License Number

Section V – Close Business

BUSINESS INFORMATION	
Name of Business	
License Number	

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