

**State of Florida**  
**Department of Business and Professional Regulation**  
**Regulatory Council of Community Association Managers**  
**Application to Reinstate Null and Void License**  
**Form # DBPR CAM 5**

**Definition of null and void:** A license becomes null and void after a licensee fails to renew the license for two consecutive renewal cycles. A null and void license cannot be reinstated unless the applicant demonstrates to the department that he or she failed to renew the license because of illness or economic hardship.

**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.**

**APPLICATION REQUIREMENTS**

- Fees:
  - \$155
  - Make check payable to the Florida Department of Business and Professional Regulation.
- Electronic fingerprints:
  - Electronic Fingerprinting is available at various convenient sites throughout the state. See [http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger\\_faq.pdf](http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf) for more information.
- 16 hour Pre-licensure education certificate
- Explanation of the illness or economic hardship that prevented renewal of your license.

**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. This application should only be used by persons who have previously held a community association manager license with the State of Florida. This application is to reinstate your previous license number.
- b. If your name has changed since your original license or registration went null and void, you must submit documentation supporting this change.
- c. Reinstatement applicants do not have to sit for the State exam again.

**Application Instructions:**

- a. **Section I – Applicant Information**
  - i. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation. Provide the license number for the license you wish to reinstate.
  - ii. In the Full Legal Name section applicants must provide their full legal name. Do not use any nicknames, aliases, or initials.
  - iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
  - iv. Provide a valid phone 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.
  - v. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
  - vi. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the

alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

**b. Section II (a), (b), and (c) - Background Questions.**

i. Question 1:

- (1) If you answer "yes" to this question, you must complete Section II (b) of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
- (2) If the violation regards a conviction for the sale or trafficking in, or conspiracy to sell or traffic in, a controlled substance as specified in Section 775.16, Florida Statutes, the applicant must submit documentation that the conditions of Section 775.16(2), Florida Statutes, have been met.
- (3) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.

ii. Question 2:

- (1) If you answer "yes" to this question, you must complete Section II (c) of the application by explaining the nature of the case and the allegations made against you. If a judgment was entered against you, please supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.

iii. Question 3:

- (1) If you answer "yes" to this question, you must complete Section II (c) of the application by explaining the reason for denial or pending action. You may be asked to supply copies of documentation ordering the denial or pending action.

iv. Question 4:

- (1) If you answer "yes" to this question, you must complete Section II (c) of the application by providing an explanation for the action against your license and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

**c. Section III – Explanation of Illness or Economic Hardship that Prevented Renewal**

- i. Provide a statement explaining the hardship and demonstrating your good faith effort to renew.

**d. Section IV – Affirmation By Written Declaration**

- i. Please read, sign and date the affirmation by written declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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**[3801/1033]**

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 – Applicant Information**

APPLICANT INFORMATION				
Social Security Number*		License Number		
FULL LEGAL NAME				
Last Name		First	Middle	
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Phone Number		Fax Number		
Email Address				
CURRENT/PRIOR LICENSE INFORMATION				
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):				
1. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
2. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
PRIOR NAME INFORMATION				
Have you used, been known as or are currently known by another name (example - maiden name, nickname) other than the name provided in the legal name section above? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

\* 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 II(a) – Background Questions**

<b>BACKGROUND QUESTIONS</b>			
<p>If you answer "YES" to any question below, please refer to Section II of the Application Instructions for details on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section II (b) for your response to question 1, and complete Section II (c) for your response to questions 2 through 4. If you have more offenses/incidents to document in Section II (b) or (c), attach additional copies as necessary.</p>			
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." <b>YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.</b></p>
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Are you now or have you ever been a defendant in civil litigation in this or any other state, province, district, territory, possession or nation, in which the basis of the complaint against you was alleged negligence, fraudulent or dishonest dealing, foreclosure, bankruptcy, or breach of fiduciary duty related to the practice or profession for which you are applying, or is there any such case or investigation pending?</p>
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Have you ever had an application for registration, certification, or licensure in Florida or in any other state, province, district, territory, possession or nation denied, or is there now pending a proceeding or investigation to deny such an application?</p>
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Has any professional license, registration, certification or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined including probation, fine, or reprimand in a disciplinary proceeding in Florida or in any other state, province, district, territory, possession or nation, or is any such proceeding or investigation now pending?</p>

**Section II (b) – Explanation(s) for Background Question 1**

EXPLANATION	
Offense:	
County:	State:
Penalty/Disposition:	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	

EXPLANATION	
Offense:	
County:	State:
Penalty/Disposition:	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	

EXPLANATION	
Offense:	
County:	State:
Penalty/Disposition:	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	

**Section II (c) – Explanation(s) for Background Questions 2, 3, and 4**

<b>EXPLANATION</b>	
State/Jurisdiction:	Application Type/License Number:

**Section II (c) – Explanation(s) for Background Questions 2, 3, and 4**

<b>EXPLANATION</b>	
State/Jurisdiction:	Application Type/License Number:

**Section III - Explanation of Illness or Economic Hardship that Prevented Renewal**

<b>EXPLANATION</b>	

**Section IV- Affirmation By Written Declaration**

<b>AFFIRMATION BY WRITTEN DECLARATION</b>	
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>	
Signature:	Date:
Print Name:	