

## COMMUNITY ASSOCIATION MANAGER (CAM) REQUIREMENTS FOR COMPANIES

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."
- Copies of one the following filed with the CT Secretary of State:
  - Partnership Agreement
  - Articles of Organization
  - Articles of Incorporation
- Trade Name Certificate if using a Trade Name
- The designated agent for the company is required to provide original State **AND** Federal background checks

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

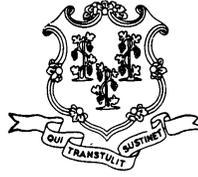
National criminal history may be obtained from:  
<https://www.fbi.gov>

- List of all associations to be managed, including 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 designated agent for the company is required to provide the following 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.camibc.org>

**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](http://www.ct.gov/dcp)



## Community Association Manager (CAM) Application for Companies

This application must be accompanied by check or money order in the amount of \$160.00 made payable to "Treasurer, State of Connecticut" and mailed to the above address. Applications received without the required state and federal background checks for the designated agent of the company will be returned.

Select Type of Business: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association
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### Section I: Business Information

Business Name				
Business Address		City	State	Zip Code
Business Telephone Number	Business Email Address		Business Fax Number	
Business Mailing Address (if different from above)		City	State	Zip Code
Will you be using a Trade Name: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, attach a copy of the Trade Name Certificate				

### Section II: Designated Agent for Company

First Name		Middle Initial	Last Name	
Residence Address		City	State	Zip Code
Telephone Number	Email Address			

### Section III: Professional History

If you answer "YES" to any question in this section, please attach a detailed statement of the facts.

1. Have you or any officers or members been convicted of a felony crime or a crime related 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
2. Have you or any officers/members ever been refused a real estate license or ever had their real estate license suspended revoked in Connecticut or any other State? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has any complaint been filed against you or any officer/member with this office or any other State? <input type="checkbox"/> YES <input type="checkbox"/> NO

### Section IV: Association(s) to be Managed

Provide a copy of the bond for each association 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 (3 Months Assessments + Reserve Funds = Amount of Bond)

## Section V: Members/Officers/Directors

**Note:** No Partnership, Association, LLC or Corporation shall be granted a registration unless **every** member or officer of such Partnership, Association, LLC or Corporation who actively participates in community association management business is bonded.

Provide the name and residence address of each officer and director. Mark an "X" next to the last name of the member, officer or director who performs any of the duties of community manager as defined in the General Statutes Chapter 400b. The individuals identified with an "X" must currently have or apply for individual CAM registration (attach as many forms as needed).

First Name		Middle Initial	Last Name		
Residence Address			City	State	Zip Code
Percentage of Ownership	% of Stock Interest	Is this individual registered as a CT CAM? <input type="checkbox"/> Yes <input type="checkbox"/> No		CT CAM Registration #	

First Name		Middle Initial	Last Name		
Residence Address			City	State	Zip Code
Percentage of Ownership	% of Stock Interest	Is this individual registered as a CT CAM? <input type="checkbox"/> Yes <input type="checkbox"/> No		CT CAM Registration #	

First Name		Middle Initial	Last Name		
Residence Address			City	State	Zip Code
Percentage of Ownership	% of Stock Interest	Is this individual registered as a CT CAM? <input type="checkbox"/> Yes <input type="checkbox"/> No		CT CAM Registration #	

## Section VI: Notarization

I, _____ being duly sworn according to law, hereby affirm that the answers given in <i>Applicant's Printed Name</i> this application are true to the best of my knowledge and belief.	
_____ <i>Signature of Applicant</i>	_____ <i>Date</i>
Subscribed and sworn to before me, this _____ day of _____ 20 _____.	
_____ <i>Signature of Notary Public, Justice of the Peace, Commissioner of Superior Court</i>	_____ <i>My Commission Expires</i>