

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
TRADE PRACTICES DIVISION
Email: trade.practices@ct.gov
Web Site: www.ct.gov/dcp



For Official Use Only

APPLICATION FOR REGISTRATION AS A COMMUNITY ASSOCIATION MANAGER

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. This application **must be accompanied by a check or money order in the amount of \$260.00** (\$60.00 application fee + \$200.00 initial license fee), made payable to "Treasurer, State of Connecticut."

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Applicant Legal Standing:				
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Association

Name of Applicant				
Residence Address				
Street Address		City	State	Zip Code
Telephone Number (with area code)	Social Security Number OR FEIN Number	Date of Birth OR Date of Formation of Legal Entity		
Have you ever changed your name or use a Trade Name? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Give details				
Business Address				
Street Address		City	State	Zip Code
Tel Number (w/area code)		Business Name		
If Non-Resident, does applicant maintain a place of business in Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Give Connecticut Address below				
Street Address		City	State	Zip Code
<p>If this is an initial application please do not submit the applications until the federal and state background checks have been completed and attached. Note that as of October 1, 2012 any person seeking an initial certificate of registration shall submit to a state and national criminal record check.</p> <p>Date of initial community association registration _____ Number of registration _____</p> <p>Note if you have not held a community association managers registration for ten years prior to October 1, 2012 you must pass the National Board of Certification for Community Association Managers of Community Associations examination, found at www.nbccam.org by October 1, 2014. If this is your initial application you shall pass the Examination no later than one year from date of issuance.</p>				
Has license or registration ever been refused, revoked or suspended in Connecticut, or any other State or the District of Columbia? If YES, complete the boxes below . <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of State(s)		Dates of Incident(s)		
Details				
Has applicant ever been convicted of or now under arrest for forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud, or any felony? If YES, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Is the state and federal record attached? Yes No

Application shall not be submitted or Approved without: See Below

You must submit to this Department and attach to this application the following:

Your State of Connecticut criminal history record from the:

State Police Bureau of Identification

1111 Country Club Road

Middletown, CT 06457

http://www.ct.gov/dps/lib/dps/reports_and_records/DPS-0846-C.doc

Your F.B.I. Identification Record Information regarding this background check. It can be obtained via. the internet at

<http://www.fbi.gov/hq/cjisid/fprequest.htm>

List all management associations applicant will manage. (If more than below spaces, attach separate sheet.) Attach proof of bond 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. Copies are acceptable.

Name of Association	Address	Date of Management	No. of Units	Amount of Bond <small>(3 Months Assessments + Reserve Funds = Amount of Bond)</small>

FOR PARTNERSHIP, ASSOCIATION, LLC OR CORPORATION ONLY

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. If the community management business is transacted by a partnership or association, give the name and resident address of each officer and director. Mark an "X" in the box for each member, officer or director who performs any of the duties of community manager as defined in the General Statutes Chapter 400b.

Name	Address	Title
Name	Address	Title
Name	Address	Title

Under the laws of what state are you incorporated? **Attach a Certificate of Incorporation and Verification form the Secretary of State of Connecticut that you are in Good Standing. If Out of State, attach a Certificate showing that you are authorized to do business in Connecticut.**

Has any member of the partnership or association, or any officer, director or any stockholder having or exercising a controlling interest in the corporation, either directly or indirectly, been convicted of or now under arrest for forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud, or any felony? If YES, please explain Yes No

AFFIDAVIT

(To be made before a Notary Public or other official qualified by law to administer oaths)

I, the applicant or duly authorized member of the partnership or association, or officer of the corporation on behalf of which the above application is made, being duly sworn according to law depose and say the answers above set forth are true to the best of my knowledge and belief and that this application is made for the purpose of inducing the issuance of the registration requested.

Applicant

Date

Subscribed and sworn to before me:

Signed: Notary Public

Date