



## **COMMUNITY ASSOCIATION MANAGER APPLICATION FOR LICENSURE**

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate

320 West Washington Street, 3<sup>rd</sup> Floor

Springfield, IL 62786

1-800-560-6420

**261**

### **GENERAL**

This application is required to become a licensed COMMUNITY ASSOCIATION MANAGER (261)

All spaces requiring a signature must contain an **original** signature; copies are not acceptable. Applicant must pay the application fee of \$300. (Make check or money order payable to the Illinois Department of Financial and Professional Regulation.) This application fee must accompany this application and is **NOT REFUNDABLE**. **Applicants must be at least 18 years of age.**

### **APPLICATION INSTRUCTIONS**

**Part I, Application Category:** Service Member or Spouse for special handling (optional)

**Part II, Application Type:** Indicate the type of application by checking only one status category.

**Part III, Application Method:** In box #2, indicate the method of licensure:

**Examination Method of Licensure.** Applicant must have completed at least 20 hours of pre-license education in community association management as set forth in Section 1450.40 of the Rules for the Administration of the Community Association Licensing and Disciplinary Act. An applicant must also successfully complete and pass at least one of the following examinations:

**Community Association Managers International Certification Board (CAMICB), Certified Manager of Community Associations (CMCA) examination**

OR

**Institute of Real Estate Management (IREM), Community Association Management Exam (COMEXM);**

**Endorsement Method of Licensure.** Applicant is licensed under the laws of another state and that state's requirements are substantially equivalent to Illinois requirements at the time the license was issued. A Certification from the state or territory of the United States or the foreign country in which the applicant was originally licensed and currently licensed must accompany this application. The applicant must complete the CT-APP at the end of this application.

**Restoration Method of Licensure.** Any Community Association Manager whose license has expired or has been placed on inactive status for 5 years or less may have the license restored upon payment of \$50 plus all lapsed renewal fees. Any person seeking restoration of a license that has been expired or placed on inactive status for more than 5 years shall file an application, pay the restoration fee of \$900 (Make check or money order payable to the Illinois Department of Financial and Professional Regulation), submit proof of one of the following: (i) sworn evidence of active practice in another jurisdiction; or (ii) affidavit attesting to military service during the period the license was lapsed or on inactive status; or (ii) proof of passage of the examination during the period the license was lapsed or on inactive status; or (iv) proof of re-certification within the past 5 years by any groups referenced in Section 1445.20 (a)(2) of the Rules for the Administration of the Community Association Licensing and Disciplinary Act.

**Part IV, Applicant Identification Information:** If your name on any supporting documentation is different than the name used on your application, you must enter the other name in box #5 and submit proof of a legal name change (marriage license, divorce decree, court order, etc.).

**Part V, Education:** An applicant shall successfully complete a minimum of 20 pre-license education hours in community association management coursework. Attach a copy of all completion certifications you have received to this application.

**Part VI, Record of Examination:** A Community Association Manager applicant shall successfully complete and pass at least one of the examinations listed in these instructions under the Examination method of licensure.

**Part VII, Record of Licensure:** List the Community Association Manager licenses you have or had in other jurisdictions. Certification from the state or territory of the United States or the foreign country in which the applicant was originally licensed and is currently licensed must accompany this application. See Supporting Document Form CT-APP instructions below.

**Parts VIII and IX, Personal History Information and Application Certification:** In Part VIII, all questions must be answered. If any question is unanswered, the application will be returned to you. Falsifying an answer will result in denial of the application or discipline to a license issued on the basis of this application.

### **SUPPORTING DOCUMENT FORM CT-APP**

This form must be completed by any applicant who holds a Community Association Manager license in another jurisdiction. The top portion of the form is to be completed by you, then forwarded to the out-of-state licensing authority that has jurisdiction over your Community Association Manager license. The out-of-state licensing authority is to complete the bottom portion to certify your license to our Office. You are responsible for any fees that the out-of-state authority may charge.

### **APPLICATION EXPIRATION**

**THIS APPLICATION IS VALID FOR THREE YEARS FROM THE DATE IT IS RECEIVED.**

A Community Association Manager license issued as a result of this application will expire on August 31 of odd numbered years. Please send your completed application and application fee to the following address:

**Illinois Department of Financial and Professional Regulation  
ATTN: Division of Real Estate  
320 W Washington, 3rd Floor  
Springfield, IL 62786**

For general licensing inquiries, please contact IDFPF at  
1-800-560-6420 or TTY: 866-325-4949.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under the Illinois Community Association Manager Licensing and Disciplinary Act. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

## Application for Licensure COMMUNITY ASSOCIATION MANAGER

### GENERAL INSTRUCTIONS

Carefully follow the steps outlined on the instruction sheet for each section of the application. Type or print legibly with black ink only. The application must be completed in its entirety. If an area is not applicable, please indicate as "N/A". Incomplete applications or applications completed that do not comply with the instructions will be returned to the applicant. All signature areas must contain an original signature (copies of signatures are not acceptable). **THE APPLICATION FEE MUST ACCOMPANY THE APPLICATION AND IS NOT REFUNDABLE.** This application expires three years from the date it is received.

### PART I: Application Category Information

A.  Check the box if you are a military service member and/or spouse. "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the com-manding officer verifying change of assignment and the name of the military spouse.

### PART II: Application Type (Check the one box that best describes your applying status).

CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION.

- |  |   |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.   | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois; however, my previous application expired and I am now reapplying. | <input type="checkbox"/> Other: _____<br>_____  |

### PART III: Application Method (See instructions pertaining to methods of licensure).

<b>1. PROFESSION NAME AND PROFESSION CODE:</b>  COMMUNITY ASSOCIATION MANAGER (261)	<b>2. LICENSURE METHOD:</b> <input type="checkbox"/> EXAMINATION <input type="checkbox"/> ENDORSEMENT <input type="checkbox"/> RESTORATION	<b>3. FEE: \$300</b>
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### PART IV: Applicant Identification Information

<b>1. NAME (Mr/Ms/Mrs) LAST</b> _____ <b>FIRST</b> _____ <b>MI</b> _____	<b>2. SOCIAL SECURITY NUMBER</b> _____ - ____ - _____
<b>3. PERMANENT MAILING ADDRESS</b> _____ <b>CITY</b> _____ <b>STATE</b> _____ <b>ZIP CODE</b> _____ <b>COUNTY</b> _____  (P.O. Boxes are not acceptable) <b>EMAIL ADDRESS:</b> _____	
<b>4. BUSINESS MAILING ADDRESS</b> _____ <b>CITY</b> _____ <b>STATE</b> _____ <b>ZIP CODE</b> _____ <b>COUNTY</b> _____	
<b>5. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED</b> _____	
<b>6. PLACE OF BIRTH</b> _____ <b>CITY</b> _____ <b>STATE/COUNTRY</b> _____	<b>7. DATE OF BIRTH</b> ____ / ____ / ____ Month Day Year
<b>8. AGE</b> _____	
<b>9. TELEPHONE NUMBER WHERE YOU MAY BE REACHED</b> WORK (____) _____ - _____ HOME (____) _____ - _____	

**Part V: Pre-license Education Information**

An applicant shall successfully complete of a minimum of 20 pre-licensing hours in community association management coursework. Please list your pre-license course(s) completed below. Please attach a copy of your completion certification(s) to this application.

EDUCATION PROVIDER'S NAME	PRE-LICENSE EDUCATION COURSE NAME	MONTH/YEAR	COURSE HOURS
		___/___	
		___/___	
		___/___	

**PART VI: Record of Examination (only complete if applying by Examination Method of Licensure)**

Examination applicants must successfully complete and pass at least one of the following examinations. Please attach examination scores indicating successful completion of one of the following examinations listed below.

ACCEPTABLE LICENSURE EXAMINATIONS	MONTH/YEAR EXAMINATION SUCCESSFULLY COMPLETED AND PASSED
Community Association Managers International Certification Board (CAMICB), (formerly NBC-CAM) Certified Manager of Community Associations (CMCA) examination	___/___
Institute of Real Estate Management (IREM) Community Management Association Exam (COMEXM)	___/___

**PART VII: Record of Licensure Information**

If you have ever been licensed to practice Community Association Management in any other jurisdiction, you must complete the information requested below. You must complete a supporting document CT-APP for each listing (below) that pertains to a community association manager license issued by a government licensing authority other than the State of Illinois. See instructions pertaining to CT-APP. If Part VII is not applicable, please indicate below as "N/A."

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)

(If additional space is needed, attach a separate sheet.)

<b>PART VIII: Personal History Information (This Part must be completed by all Applicants)</b>	YES	NO
1. Have you ever been convicted or pled guilty to a misdemeanor or felony, or received an administrative sanction for an offense as described in 225 ILCS 427/40(f)? Do not include minor traffic violations. If yes, submit documentation for each conviction, plea, or sanction that includes an official copy of the court docket or agency document that shows the offense, the final disposition inclusive of the sentence, a statement from the probation/parole officer if probation was served, and whether all conditions of the sentence or sanction have been met. Submit a brief statement indicating what you have been doing since your conviction, release, or offense. Please do not include records, such as juvenile records, arrests without a conviction, or convictions that have been overturned or sealed. See 225 ILCS 427/40(e).	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, permit, certification or had a professional license, permit, or certification disciplined in any way by any licensing authority? If yes, submit a copy of the denial letter and/or statement of discipline.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been discharged other than honorably from the armed forces of the United States, or from a city, county, state, or federal position? If yes, submit a DD-214 form if discharged other than honorably from the armed forces of the United States or any city, county, state, or federal position and submit all documentation regarding the discipline.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you delinquent on State taxes or child support payments? If yes, submit a statement concerning any payment arrangement and an official document from the appropriate agency, the Illinois Department of Revenue or the Illinois Department of Healthcare and Family Services, concerning your arrangement and any payment agreement.	<input type="checkbox"/>	<input type="checkbox"/>

**PART IX: Certifying Statement**

I have made this application for the purpose of procuring an Illinois community association manager license. Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. I hereby consent that the application, and statements made within it, may be used as evidence by the Agency in matters of Administrative Law; or, by any court where a violation of Law is alleged. I understand that false statements may be used as evidence to deny this application or, to revoke or otherwise discipline any license issued on the basis of this application. I have read and understand the Law and Administrative Rules pertinent to community association manager licensure and agree to comply with the standards as set forth in the Community Association Manager Licensing and Disciplinary Act and the Rules thereto. I understand that the fee included with this application is **non-refundable**. I promise that I will cooperate in any investigation against myself or any other community association manager registered as an Illinois community association manager for which the Agency has jurisdiction.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**APPLICANT:** Complete the top portion of this form, and then forward it to the agency that has, or had jurisdiction over your community association manager's license. Any fees charged by the agency are your responsibility. You are authorized to photocopy this form as necessary.

1. NAME (Mr/Ms/Mrs) LAST FIRST MIDDLE	2. DATE OF BIRTH ____/____/____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP		5. PROFESSION NAME AND THREE DIGIT PROFESSION CODE FOR WHICH YOU ARE MAKING APPLICATION:  <b>COMMUNITY ASSOCIATION MANAGER (261)</b>
6. MAIDEN OR GIVEN SURNAME		
7a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	7b. LICENSE NUMBER (If applicable)	7c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize \_\_\_\_\_ to furnish to the Department of Financial and Professional Regulation the information requested below. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LICENSING AGENCY:** The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all information requested on this form is contained in the Certification. Return completed form directly to the applicant.

**CERTIFICATION OF LICENSURE**

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE
E. CURRENT LICENSE STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____	F. ENDORSEMENT This State <input type="checkbox"/> does <input type="checkbox"/> does not grant endorsement licensure to Illinois community association managers.
G. EXAMINATION CERTIFICATION: WAS AN EXAMINATION REQUIRED FOR THIS APPLICANT TO OBTAIN A LICENSE IN YOUR STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE NAME OF THE EXAM, THE DATE THIS EXAMINATION WAS SUCCESSFULLY PASSED, AND THE EXAM SCORE. NAME OF EXAM: _____ DATE EXAM WAS SUCCESSFULLY PASSED: _____ EXAM SCORE _____	
H. PRE-LICENSE EDUCATION CERTIFICATION: WAS PRE-LICENSE EDUCATION REQUIRED FOR THIS APPLICANT TO OBTAIN A LICENSE IN YOUR STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE DATE THIS PRE-LICENSE EDUCATION WAS SUCCESSFULLY COMPLETED. NUMBER OF HOURS COMPLETED: _____ DATE: _____	
I. FORMAL ACTIONS: IS THERE NOW OR HAS THERE EVER BEEN ANY ACTION COMMENCED AGAINST THE APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
J. HAVE THERE EVER BEEN ANY FORMAL SANCTIONS IMPOSED AGAINST THE APPLICANT AS A MATTER OF PUBLIC RECORD INCLUDING BUT NOT LIMITED TO FINE, REPRIMAND, PROBATION, CENSURE, REVOCATION, SUSPENSION, SURRENDER, RESTRICTION OR LIMITATION? (IF YES, ATTACH A CERTIFIED COPY OF DISCIPLINARY ACTION). <input type="checkbox"/> YES <input type="checkbox"/> NO	

I certify that the information contained herein is true and correct according to the official records of this state.

SEAL	_____ Print Name, Title
	_____ Agency/Board Street Address City, State, Zip _____ (_____)
	_____ Signature Date Telephone Number