



IDFPR

Illinois Department of
Financial and Professional Regulation
Division of Real Estate

**2021 COMMUNITY ASSOCIATION MANAGER (CAM)
RENEWAL APPLICATION INSTRUCTIONS**

1. Complete and print page 2 of this document and MAIL with correct fee to the above address. **THIS FORM CANNOT BE SUBMITTED ELECTRONICALLY.**

License fee on or before:	08/31/2021	\$300.00
License fee on or after:	09/01/2021	\$350.00

2. Payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation (IDFPR). **Cash and credit cards will NOT be accepted. FEES ARE NON-REFUNDABLE.** After reading the following instructions, if you have any questions call 800/560-6420.
3. Please make any name and/or address changes for your license in the area provided. **A P.O. Box must be accompanied by a street address. CHANGE OF NAME MUST BE ACCOMPANIED BY DOCUMENTARY PROOF** (i.e., photocopy of a marriage certificate, divorce decree, or court order). **A COPY OF YOUR SOCIAL SECURITY CARD OR DRIVERS LICENSE IS NOT ACCEPTABLE.**
4. You are required to answer the question regarding child support on the renewal form.
5. You must sign the renewal application.
6. Please mail the completed application and payment (personal check, money order, cashier's check, etc.) to:

**320 W Washington St, 3rd Floor
Division of Real Estate - Licensing Unit
Springfield IL 62786**

****Check out our WEBSITE www.idfpr.com –For pertinent information regarding IDFPR updates****

Practicing as Community Association Manager after the expiration of your license shall constitute unlicensed practice which could result in civil penalties and discipline of your license.



LICENSE NO.: 261.
NAME:
ADDRESS:
ADDRESS LINE 2:
CITY, STATE, ZIP:
<input type="checkbox"/> CHECK HERE IF CHANGE OF ADDRESS

QUESTION MUST BE ANSWERED:

CHILD SUPPORT

YES NO

Are you more than 30 days in arrears on court ordered Child Support Payments?

(Note: If you are not subject to a child support order, answer "No")

I understand that if I provide false/fraudulent information, I could lose my license, be fined up to \$10,000, or have other penalties assessed. Therefore, I declare that I have examined this form, and to the best of my knowledge, all statements are true, correct, and accurate. In addition, my signature authorizes the Illinois Department of Financial and Professional Regulation to conduct criminal background investigations.

Printed Name _____

E-mail address _____

Your
Signature _____ Date: _____