

**OWCAM'S COMMUNITY ASSOCIATION MANAGEMENT PROFESSIONAL[®]
(CAMP[®]) CERTIFICATION**

APPLICANT:

Please print clearly and fill out all boxes	
Last Name	Middle Initial
First Name	Date of Birth
Company or Association Name	Business Address
Business Phone:	Residence/Other Phone:
Residence Address	Email Address:
Which Address is to be used for mailing purposes? <i>check</i> _____ Business _____ Residence	Additional Email Address:

List Other Professional Designations/Licenses (CAI, Real Estate, Other) that you currently hold:

DESIGNATION/LICENSES	ISSUING AGENCY	NUMBER & EXPIRATION

OWCAM COURSE COMPLETION

COURSE	DATE OF COMPLETION	CERTIFICATE
M100		Attach Certificate
Community Association Law for Washington & Oregon		Attach Certificate
Ethics for Community Association Managers		

Continued . . .



MANAGEMENT EXPERIENCE: *If additional management experience, please attach on separate page.*

FIRM OR ASSOCIATION NAME	TITLE	MAILING ADDRESS OF FIRM
DATES: FROM - TO	SUPERVISOR NAME	SUPERVISOR CONTACT INFO
FIRM OR ASSOCIATION NAME	TITLE	MAILING ADDRESS OF FIRM
DATES: FROM - TO	SUPERVISOR NAME	SUPERVISOR CONTACT INFO

ASSOCIATION(S) YOU MANAGE: *If additional management experience, please attach on separate page.*

CONDOMINIUM	TOTAL UNITS	LENGTH OF TIME MANAGED
PUD's	TOTAL UNITS	LENGTH OF TIME MANAGED

DUTIES: *List responsibilities that you perform in your position (ie: budget preparation, financial functions, management of maintenance programs, attending meetings, supervision of employees, compliance letters, risk management, etc,*

ADDITIONAL EMPLOYMENT HISTORY: *As it relates to Community Management Experience*

EMPLOYER	CONTACT INFORMATION	DATES OF EMPLOYMENT
1)		
2)		
3)		

OTHER WORK RELATED EXPERIENCE: *If additional management experience, please attach on separate page.*

BACKGROUND INFORMATION: *All applicants must submit to a background check prior to issuance of the CAMP[®] designation. I attest that the information stated above is true and accurate, and understand that the information, if misrepresented or incomplete, may be grounds for disqualification of my application, and/or the penalties as specified by law.*

Applicant's Signature	Date	Applicant's Phone Number
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owcamdirector@gmail.com
