



FCAP

FLORIDA COMMUNITY
ASSOCIATION PROFESSIONALS

Certified Florida Community Service Provider (CFCSP) APPLICANT INFORMATION

Thank you for your interest in becoming a **Certified Florida Community Service Provider (CFCSP)** and member of **Florida Community Association Professionals, LLC (FCAP)**. Please read and complete each section fully and accurately in clear, legible handwriting or type.

Applicant Name _____

Please fax your completed application and payment to:

Florida Community Association Professionals, LLC
1000 Nix Road
Little Rock, AR 72211

Phone: (866) 828-9267 or (501) 603-0535
Fax: (501) 280-9233
info@fcapgroup.com
www.fcapgroup.com

REQUIREMENTS

Agreement and Compliance. The applicant has the responsibility to read, understand and comply with all aspects of the program as outlined in this document.

I hereby apply as an organization for acceptance in Florida Community Association Professionals' CFCSP program. I understand this membership depends on the successful completion of specific requirements as stated below.

1. Industry Experience: I acknowledge that I or at least one employee, officer or representative of this organization has three (3) years or more verifiable experience serving the community association industry specifically in the state of Florida.

-OR-

2. Business Course: I acknowledge that I or at least one employee, officer or representative of this organization must complete a "Do Business with Community Associations" (DBCA) course or similar FCAP-approved business seminar if I have less than three (3) years verifiable experience serving the community association industry specifically in the state of Florida.

3. Verification: I understand that FCAP will verify information on this application including verification through government entities, civil and criminal courts, consumer credit and consumer reporting agencies.

4. Code of Ethics: I agree to abide by the CASP Code of Ethics and understand that alleged violations of the Ethics, including incorrect, fraudulent, or misleading information on this application, may prompt a review under FCAP administrative procedures.

PROGRAM FEES

FCAP Service Provider Membership - \$349

CFCSP Program Application - \$626 (payment due with application)

APPLICANT INFORMATION (Please complete as organization, not individual applicant)

Company Name: _____

Contact Name: _____

Principal Office Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____ Check here if you wish to receive email information from FCAP

Organization Type: Corporation Partnership Sole proprietor Number of years organization has been in business: _____

Name of Company President or CEO: _____

Service or product provided to community associations by you or your organization: _____

BUSINESS REFERENCES

Please list 3 business references for whom you performed a service or offered a product similar in nature to those listed above.

1. _____

Business name

Contact name

Contact phone

2. _____

Business name

Contact name

Contact phone

3. _____

Business name

Contact name

Contact phone

PROFESSIONAL LICENSE

Is there a professional license required by a local, state or federal government entity for the service you provide? Yes No
(If **yes**, please list license name and government entity that regulates license):

Please list any non-required professional licenses, designations, or awards held by organization (attach separate sheet if needed).

1. _____

2. _____

3. _____

Have you been denied a professional license or had a professional license revoked? Yes No
(If **yes**, please provide reason for revocation):

INSURANCE

Please list current insurance coverage for you or your organization including general liability, workers compensation and fidelity insurance (if applicable).

Name of insurance carrier(s) for above insurance coverage (attach separate sheet if needed):

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

AGREEMENT

I agree the above information is true and correct.

Signature of Applicant _____

Print Name _____ Date: _____

CFCSP CODE OF ETHICS

CFCSP Members subscribe to the following Code of Ethics and Standards of Practice:

PRODUCT & SERVICE PROVIDER DUTIES TO CLIENTS

- Exercise responsibilities to clients by exercising good business judgment, confidentiality, honest and fair dealings plus disclosure of potential conflicts of interest. Refrain from making false or misleading statements in the conduct of business

FINANCIAL MANAGEMENT. The Product & Service Provider shall:

- Adhere to all ethical financial practices including timely payment of financial responsibilities such as bills, payroll and tax liabilities
- Adhere to all ethical financial practices as they apply to contract negotiation, project bids, proposals and contract fulfillment
- Not accept or offer referral fees, commissions and economic gains that may constitute a conflict of interest
- Agree to mediation as first recourse in resolution of monetary and contractual conflicts

CONSUMER COMPLAINTS

- Make certain that all consumer complaints registered by consumer protection agencies such as the Better Business Bureau or state licensing agencies are answered satisfactorily and closed

LICENSING

- Maintain and show proof of local, state or federal licensing as required by law for service provider's industry and profession

INSURANCE

- Maintain and show proof of applicable insurance for organization such as general liability, workers compensation and fidelity insurance

DEFINE SERVICES

- Clearly define products and services to clients by written agreement

(Continues on next page)

CFCSP CODE OF ETHICS (CONTINUED)

PERSONNEL SUPERVISION

Supervise personnel in the performance of their duties according to state and federal employment requirements

- *Americans with Disabilities Act of 1990 (ADA)*—Understand and comply with the ADA as it applies to employment access
- *Equal Employment Opportunity Commission (EEOC)*—Abide by laws and regulations set forth by the EEOC as it relates to hiring, supervision and termination of employees

A violation of the Code of Ethics may be grounds for administrative action and possible revocation of the Community Association Service Provider designation.

I agree to abide by the above Certified Florida Community Service Provider Code of Ethics.

Signature of Applicant _____

Print Name _____

Date: _____

BACKGROUND VERIFICATION AUTHORIZATION

In connection with our application for participation in the Certified Florida Community Service Provider program, I understand that investigative background inquiries are to be made on my corporation, including consumer credit, professional licenses, and other reports. These reports will include information as to my organization's business worthiness.

I authorize, without reservations, any party or agency contracted by this program to furnish the above mentioned information.

I agree to indemnify and hold harmless Florida Community Association Professionals, LLC, its employees, officers, directors, affiliates, sub-contractors, and agents from any loss, expenses or damage, which may result directly or indirectly from information or reports furnished by EquiFax, Florida Department of Business and Professional Regulation as well as consumer reporting agencies.

I hereby consent to your obtaining the above information. I understand to aid in the proper identification of my files or records the following information, as well as other information, is necessary.

Company name: _____

Federal Tax ID Number: _____

Current Address: _____

City/State/Zip Code: _____

Phone: _____

AUTHORIZATION TO CHARGE DEBIT CARD OR CREDIT CARD

I authorize **FCAP** to charge my debit card or credit card for:

\$349 **FCAP** Membership Fee

\$626 **CFCSP** Application Fee

Debit/Credit Card Number: _____

Expiration Date: _____

3 or 4 Digit Security Code: _____

Type of Card: _____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____

E-mail Address (for credit card receipt): _____

Signed: _____ Date: _____

TERMS AND CONDITIONS

Application is required for FCAP membership, to attend FCAP approved courses and events, and to receive FCAP professional designations. Secure application may be made by credit card on our website registration page or by telephone. If paid by check, your FCAP membership will be held until the funds have cleared the bank.

Balance must be paid in full before FCAP membership is granted.