CCIP
(California Certified Industry Partner)
Certification Application

Confidential Recommendation Form

First Name of Applicant:	**Middle Initial:**	**Last Name of Applicant**:

APPLICANT DIRECTIONS:

Once you have noted your full name above, please email this recommendation form to each of your three references. Reference must then complete the form and email it directly from their email to certification@cacm.org. **No recommendation forms will be accepted from the applicant's email.**

Three recommendations must be completed by; (1.) one board member (2.) one Industry Partner (3.) one of either of the following; Employer, CCAM, CAFM, MCAM or CAMEx.

Note: If you are the owner/CEO/President/sole proprietor of the business or association; in lieu of submitting a CCAM/Employer recommendation form, please submit two board/committee member recommendations and two CCAM/CAFM,MCAM or CAMEx recommendations.

Name of Person Recommending Applicant

Title of Person Recommending Applicant	Business or Association Name of Person Recommending Applicant

Please check ONLY ONE box that describes your relationship to Applicant

I am ☐ Present Employer ☐ Former Employer ☐ I am a Board/Committee Member

I am a ☐ Industry Partner I am a ☐ CCAM ☐ CAFM ☐ MCAM or ☐ CAMEx

Reference contact information

Phone/Cell # _____ Email Address _____

Time associated with Applicant ☐ under 1 year ☐ 1-4 years ☐ 4-6 years ☐ 6-8 years ☐ 8 or more years

Please rate the Applicant's ability to perform their role as a vendor. ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

Do you recommend this Applicant for certification in CACM? ☐ No, I do not ☐ Yes, I do

How would you describe the Applicant's moral character, integrity, sincerity of commitment to community association management as a professional, and ability to perform their role as a vendor?

Recommendation Forms expire six (6) months from date of signature.

Signature of Reference _____

Printed Name of Reference _____ **Date** _____