



**CCIP**  
 (California Certified Industry Partner)  
**Certification Application**

**Confidential Recommendation Form**

<b>First Name of Applicant:</b>	<b>Middle Initial:</b>	<b>Last Name of Applicant:</b>
<p><b>APPLICANT DIRECTIONS:</b></p> <p>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 <a href="mailto:certification@cacm.org">certification@cacm.org</a>. <b>No recommendation forms will be accepted from the applicant's email.</b></p> <p>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.</p> <p><i>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.</i></p>		
Name of Person Recommending Applicant		
Title of Person Recommending Applicant	Business or Association Name of Person Recommending Applicant	
<p><b>Please check <u>ONLY ONE</u> box that describes your relationship to Applicant</b></p> <p>I am <input type="checkbox"/> Present Employer    <input type="checkbox"/> Former Employer                      <input type="checkbox"/> I am a Board/Committee Member</p> <p>I am a <input type="checkbox"/> Industry Partner    I am a <input type="checkbox"/> CCAM    <input type="checkbox"/> CAFM    <input type="checkbox"/> MCAM    or    <input type="checkbox"/> CAMEx</p>		
Reference contact information		
Phone/Cell # _____ Email Address _____		
Time associated with Applicant <input type="checkbox"/> under 1 year <input type="checkbox"/> 1-4 years <input type="checkbox"/> 4-6 years <input type="checkbox"/> 6-8 years <input type="checkbox"/> 8 or more years		
Please rate the Applicant's ability to perform their role as a vendor. <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent		
Do you recommend this Applicant for certification in CACM? <input type="checkbox"/> No, I do not <input type="checkbox"/> 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?		
<p><small>Recommendation Forms expire six (6) months from date of signature.</small></p> <p><b>Signature of Reference</b> _____</p> <p><b>Printed Name of Reference</b> _____ <b>Date</b> _____</p>		

**California Association of Community Managers, Inc.<sup>SM</sup>**

23461 South Pointe Drive, Suite 200, Laguna Hills, CA 92653 | [certification@cacm.org](mailto:certification@cacm.org) | 949.916.2226 | [www.cacm.org](http://www.cacm.org)