

Large-Scale Manager® Redesignation Form

Fill in this application with Adobe Acrobat Reader or print clearly in ink. To work in Reader: save the file on your computer, complete the form using your keyboard, and save again using your last name in the filename (e.g., LSM_Jones.pdf) before printing. If additional pages are needed, please label clearly and attach to this application. In section II on page 2, mark only those items that have been completed in the last three to six years as indicated.

Submit completed form to CAI Headquarters, 6402 Arlington Blvd., Suite 500, Falls Church, VA 22042, e-mail to caieducation@caionline.org or fax to (703) 970-9558. Form is due by the August deadline indicated on your redesignation notice. No fee is required with this form, as fee is billed separately. For further information please contact (888) 224-4321.

I. Candidate Information

▼ CAI MEMBER NUMBER	▼ LSM CERTIFICATE NUMBER	▼ PCAM CERTIFICATE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
▼ FIRST NAME AND MIDDLE INITIAL		
<input type="text"/>		
▼ LAST NAME AND SUFFIX		
<input type="text"/>		
▼ HOME ADDRESS		
<input type="text"/>		
▼ CITY	▼ STATE	▼ ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
▼ FIRM/ASSOCIATION		
<input type="text"/>		
▼ BUSINESS ADDRESS		
<input type="text"/>		
▼ CITY	▼ STATE	▼ ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
▼ BUSINESS PHONE	▼ MOBILE OR HOME PHONE	
<input type="text"/>	<input type="text"/>	
▼ PREFERRED E-MAIL ADDRESS		
<input type="text"/>		

Employment Update (since last LSM submission)

▼ FROM DATE (MM/YY)	▼ TO DATE (MM/YY)	<input type="checkbox"/> ONSITE, FULL-TIME MANAGER	<input type="checkbox"/> EXECUTIVE LEVEL	<input type="checkbox"/> MUNICIPAL
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ANNUAL OPERATING BUDGET > \$2 MIL.	<input type="checkbox"/> MIN. OF 1,000 UNITS OR 1,000 ACRES	
▼ FIRM/ASSOCIATION				
<input type="text"/>				
▼ POSITION				
<input type="text"/>				
▼ NAME OF BOARD PRESIDENT			▼ PHONE	
<input type="text"/>			<input type="text"/>	

III. Other Opportunities continued:

Published article in *Common Ground* or CAI Press title (such as a GAP Report)

ARTICLE/BOOK TITLE _____

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▼ ISSUE DATE/PUBLISHED

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COMMON GROUND CAI PRESS

ARTICLE/BOOK TITLE _____

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▼ ISSUE DATE/PUBLISHED

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COMMON GROUND CAI PRESS

Published article in CAI or other industry-related publications or newsletter

(Copies must be submitted to receive credit.)

ARTICLE TITLE _____

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PUBLICATION NAME _____

▼ ISSUE DATE/PUBLISHED

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ARTICLE TITLE _____

5

PUBLICATION NAME _____

▼ ISSUE DATE/PUBLISHED

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GRAND TOTAL POINTS _____

IV. Ethics

Please answer the following questions.

Have you been involved in reorganization for the benefit of creditors or in bankruptcy as a debtor since your last redesignation? *If yes, attach a detailed explanation.* YES NO

Have you ever been convicted of a felony or misdemeanor, or imprisoned under sentence for any felony or misdemeanor (except traffic violations) since your last redesignation? *If yes, attach a detailed explanation.* YES NO

Have you been found liable or had a judgment or consent decree entered against you in civil court related to any business or professional matter or in any other civil case (with the exception of any domestic or family law, e.g., divorce or child custody)? *If yes, attach a detailed explanation and include a copy of the judgment entered against you.* YES NO

Have you ever been convicted of fraud, misrepresentation, misappropriation of funds or property? *If yes, attach a detailed explanation.* YES NO

Do you know of any reason why you would be unable to obtain bonding? *If yes, attach a detailed explanation.* YES NO

Have you been subject to disciplinary action by any professional organization? *If yes, attach a detailed explanation.* YES NO

Please read the following before signing below.

All of the information provided by me is complete and correct to the best of my knowledge and belief. If I made or, at any time, make any statement with knowledge of its falsity, I understand that it shall be cause for revocation of my designation. I shall conduct myself in accordance with the CAI Professional Manager Code of Ethics and shall be bound by the bylaws and regulations of CAI as they are now or as they may be amended from time to time.

I waive and forever release all claims and demands, or causes of action that I may have now or may in the future have against CAI, its members, Trustees, officers, and employees, for any act or omission of CAI, its members, Trustees, officers, and employees in awarding the LSM designation, failing to award the LSM designation, or in censuring, suspending, or revoking the LSM designation.

SIGNATURE

DATE



6402 Arlington Blvd., Suite 500
Falls Church, VA 22042
www.caionline.org
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