



Application for Streamlined Non-Transactional Portfolio Submissions

1. First Name: _____ Middle Initial: _____ Last Name: _____ Date of Birth: _____
Home Address: _____
City: _____ State: _____ Postal Code: _____ Country: _____
Phone (Office): _____ Phone (Cell): _____ E-mail: _____

2. **Employment History** – In addition to the information below, *it will be necessary to attach a complete professional resume.*
The Traditional format is for Commercial Real Estate Professional regardless of the time in the industry.

Current Employer

Company: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Title: _____ Dates: _____ to _____

Job Description and Responsibilities:

Previous Title (if any): _____ Dates: _____ to _____

Job Description and Responsibilities:

Previous Employer (if with current employer for less than 5 years)

Company: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Title: _____ Dates: _____ to _____

Job Description and Responsibilities:

Previous Title (if any): _____ Dates: _____ to _____

Job Description and Responsibilities:

3. Other Commercial Real Estate Experience:

4. Educational Background

High School: _____ Graduated: Yes No Year: _____

College: _____ Degree: _____ Year: _____

College: _____ Degree: _____ Year: _____

Post Graduate: _____ Degree: _____ Year: _____

Other Relevant Education: _____

5. **Other Professional Real Estate Designations Held:** _____

6. Real Estate Licenses

Please provide details about any Real Estate Sales Person/Broker Licenses you currently or previously held.

State: _____ Date First Issued: _____ Type: _____

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7. Do you belong to a local CCIM Chapter? If so, which one and how long?

Chapter: _____ Dates of Membership: _____

Chapter: _____ Dates of Membership: _____

Leadership or Chair Positions (if any): _____

8. Years of Experience in Qualifying Roles

To review the qualifying roles for a Streamlined Non-Transactional Portfolio, please visit www.ccim.com/portfolio/candidate-portfolio/streamlined-non-transactional-portfolio.

<input type="checkbox"/>	Commercial Real Estate Investor/Owner	Years in role		to	
<input type="checkbox"/>	Commercial Real Estate Managing Broker/Officer	Years in role		to	
		# of Agents			
<input type="checkbox"/>	Commercial Real Estate Asset/Portfolio Manager	Years in role		to	
		# of Properties in Portfolio			
		# Portfolio Sq. Ft.			
<input type="checkbox"/>	Commercial Property Tax Consultants	Years in role		to	
		Volume of Tax Cases			
		Avg # Cases per year			
<input type="checkbox"/>	Corporate Real Estate Executive	Years as Corp. RE Executive			
		Portfolio or Projects Sq. ft.			
		# of Properties/Site in Portfolio			

If the above options are not appropriate, give scope, volume, etc. of the commercial real estate you work with.

9. Commercial Activity Summary Affidavit(s)

Please fill in the name(s) of the people that will be completing the affidavits(s). You cannot sign the Affidavit on behalf of yourself; it must be a third party. The Affidavit(s) from your supervising manager, company CFO, or CPA must verify that you have been in your current qualifying role for at least five (5) years. Affidavits should be returned to the candidate and uploaded in the appropriate location.

Affidavit #1

Name: _____ Title: _____
Company: _____ Time Period: _____

Affidavit #2 (if needed)

Name: _____ Title: _____
Company: _____ Time Period: _____

Affidavit #3 (if needed)

Name: _____ Title: _____
Company: _____ Time Period: _____

Affidavit #4 (if needed)

Name: _____ Title: _____
Company: _____ Time Period: _____

Affidavit #5 (if needed)

Name: _____ Title: _____
Company: _____ Time Period: _____

10. Letter of Recommendation

It is necessary to have three (3) Letter of Recommendation Forms filled out, signed, and sent directly to the CCIM Institute from one (1) current CCIM Designee (not personally related to you or are part of the same company), one (1) commercial real estate client, and one (1) from an [authorized representative](#) of the local chapter. The Letter of Recommendation Forms can be downloaded from the CCIM Website.

Please list the CCIM, client, and Chapter Representative who will complete the verification and recommendation forms.

CCIM Designee Name: _____
Company: _____ Address: _____
City: _____ State: _____ Postal Code: _____
Phone: _____ E-mail Address: _____

Client Name: _____
Company: _____ Address: _____
City: _____ State: _____ Postal Code: _____
Phone: _____ E-mail Address: _____

Chapter Representative Name: _____
Chapter: _____ Position on Chapter Board: _____
Company: _____ Address: _____
City: _____ State: _____ Postal Code: _____
Phone: _____ E-mail Address: _____

11. Ethical Practice

- a) Are you or have you ever been a party to a lawsuit involving your professional services as a real estate practitioner? If yes, include a letter of explanation. Yes No
- b) Are you or have you been involved in any litigation involving your financial responsibility as a real estate practitioner? If yes, include a letter of explanation. Yes No
- c) Have been alleged to have acted unethically in a real estate transaction? Yes No
- d) Have had a professional license suspended or revoked by a real estate licensing authority? Yes No
- e) Have been charged with a violation of licensing law before a real estate authority? Yes No
- f) Have been convicted of a crime (other than a minor traffic violation)? Yes No

If your answer to any of these questions is yes, please provide an explanation.

I affirm that the information included in this application, CCIM Activity Data Forms, and all supporting documentation is true to the best of my knowledge. I understand that CCIM reserves the right to request additional documentation to support my application.

By my signature, I hereby grant permission to contact any or all of the principal parties to any of the activities enclosed and acknowledge that falsification of information will permanently disallow the entire portfolio.

Signature (required): _____ **Date:** _____

If unable to include a verified e-signature, please print out this form to sign then scan and upload it.
Applications will not be accepted without signature.

Ready to upload your documents? Click on *My Account* on <http://portfolio.ccim.com> to start submitting your portfolio.

If you have questions, please contact the CCIM Institute Designation Team
Phone: 312/321-4538; 800/621-7027 ext.4538 or 4516
Email: designation@ccim.com