

Structural Integrity Reserve Study (SIRS) Reporting

As required by ss. 718.112(2)(g)9 & 10, F.S., and 719.106(1)(k)9 & 10, F.S., your association's Structural Integrity Reserve Study (SIRS) information can be submitted to the Division by completing the SIRS reporting form below.

You may submit this form via email to: ctmhsirsreporting@myfloridalicense.com by completing the form, printing it, and attaching it to your email.

Please note: If you have multiple projects or buildings, please send a separate email submission for each one.

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Name of Project: _____

Project License #: _____

Name of Condominium or Cooperative Association: _____

Condominium or Cooperative Association License #: _____
(Managing Entity)

Project Type: Condominium Cooperative

Address of Project:

Street Address

Address Line 2

City State ZIP Code

County

What year was your building constructed? _____
(Based on certificate of occupancy)

Total number of units per building: _____

Total number of floors per building: _____

ATTENTION: If this project includes buildings with multiple addresses, please complete and provide the "[Additional Building Address Form](#)" for each additional address.

Who completed your SIRS?

Architect

Engineer

Reserve Specialist

Qualified Person

Name of Individual that conducted the SIRS: _____

Name of Company that conducted the SIRS: _____

Total cost of the SIRS (not including assessment): _____

Was there an assessment as a result of your association's SIRS?

Yes

No

If yes, please provide the following information:

Total cost of the assessment: _____

Breakdown of cost per unit: _____

The Structural Integrity Reserve Study (SIRS) was completed on: _____

The Structural Integrity Reserve Study (SIRS) was distributed to the unit owners by:

Sent by Mail

Electronic Transmission (E-mail)

Send by Personal Delivery

Facsimile Transmission

As per ss. 718.112(2)(g)9 &10, and 719.106(1)(k)9 & 10 F.S. The Structural Integrity Reserve Study must be available for inspection and copying by written request.

I hereby certify that the information provided in this form is true, accurate, and complete to the best of my knowledge.

Printed Name

Lloyd M Walker

Signature