

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR REFUND

1. In the upper portion of the form, provide all information in the highlighted areas. Provide an application, file and/or license number if applicable. In the reason for claim section, indicate the reason for the refund, for example: overpayment of exam fees, duplicate payments, etc... *Failure to provide all required information may result in delay of payment.*
2. Print, sign and date the application.
3. Mail the completed application (using the zip + 4 numbers listed below) to:

**Department of Business and Professional Regulations
1940 North Monroe Street
Tallahassee, Florida**

Pari-Mutuel Wagering	32399-1036
Hotels and Restaurants	32399-1015
Florida Condominiums, Timeshares & Mobile Homes	32399-1004
Auctioneers	32399-0762
Community Association Managers	32399-1040
Electrical	32399-0771
Architecture/Interior Design	32399-0751
Landscape Architecture	32399-0766
Veterinary Medicine	32399-0787
Pilots	32399-0773
Building Code Administrators & Inspectors	32399-2211
Barbers	32399-0769
Cosmetology	32399-0790
Employee Leasing Companies	32399-0767
Athlete Agents	32399-2215
Geologists	32399-0764
Construction Industry Licensing	32399-1039
Talent Agents	32399-0762
Asbestos Licensing	32399-2214
Boxing Commission	32399-1017

**Division of Certified Public Accounting
240 NW 76 Drive, Suite A
Gainesville, Florida 32607**

**Division of Real Estate
400 W. Robinson Street, Suite N-801
Orlando, Florida 32801**

Failure to use the correct zip + 4 codes may result in delay of payment

Section 215.26 states, *in part* “***application for refunds as provided by this section shall be filed with the Chief Financial Officer, except as otherwise provided in this subsection, within 3 years after the right to such refund shall have accrued else such right be barred.***” Three years is interpreted as meaning three years from the date of deposit into the State Treasury.

Important note: Not all fees are refundable and refund amounts may vary by application and license type.

Application for Refund



Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund, and that a State Warrant be drawn in the favor of:

Payee: _____ Amount: \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Claim: _____

Phone#: _____ Application, File or License#: _____

For Agency Use Only	
Object Code	Refund Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Certified true and correct this _____ day of _____, _____ Applicant Signature

DO NOT WRITE BELOW THIS LINE-DBPR PERSONNEL ONLY

ACCOUNT NAME	FLAIR ACCOUNT CODE	AUTHORIZED	STATUTE
<input type="checkbox"/> PRTF	79-50-2-547001-79050200-00-000100	_____	455.219
<input type="checkbox"/> PRTF	79-50-2-547001-79050100-00-000100	_____	455.219
<input type="checkbox"/> GENERAL REVENUE			
<input type="checkbox"/> PMW TAXES	79-74-1-000242-79100300-00-000300	_____	550.09
<input type="checkbox"/> OTP	79-74-1-000245-79400300-00-000320	_____	565.12
<input type="checkbox"/> OTP INTERNET TAXES	79-74-1-000245-79400300-00-000320	_____	210.276
<input type="checkbox"/> TRUST FUND			
<input type="checkbox"/> FLORIDA BOXING COMM. FEES	79-50-2-547001-79050400-00-000100	_____	548.035
<input type="checkbox"/> FLORIDA BOXING COMM. LICENSES	79-50-2-547001-79050400-00-000200	_____	548.025
<input type="checkbox"/> FLORIDA BOXING COMM. TAXES	79-50-2-547001-79050400-00-000300	_____	548.06, 548.061
<input type="checkbox"/> FLORIDA BOXING COMM. MISC	79-50-2-547001-79050400-00-000400	_____	548.035
<input type="checkbox"/> FLORIDA BOXING COMM. FINES & BONDS	79-50-2-547001-79050400-00-001200	_____	548.014, 548.075
<input type="checkbox"/> PMW TF FEES	79-20-2-520001-79100400-00-000100	_____	550.09, 550.10
<input type="checkbox"/> PMW TF LICENSES	79-20-2-520001-79100400-00-000200	_____	550.09
<input type="checkbox"/> PMW TF TAXES	79-20-2-520001-79100400-00-000300	_____	550.09
<input type="checkbox"/> PMW TF MISC	79-20-2-520001-79100400-00-000400	_____	550.09
<input type="checkbox"/> PMW TF FEES	79-20-2-520001-79100400-00-001200	_____	550.09, 550.10
<input type="checkbox"/> SLOT COM/ADDICTIVE GAMBLING	79-20-2-520001-79100500-00-000130	_____	550.09, 550.10
<input type="checkbox"/> SLOT GENERAL OCC. LICENSE	79-20-2-520001-79100500-00-000132	_____	550.09
<input type="checkbox"/> SLOT BUSINESS OCC. LICENSE	79-20-2-520001-79100500-00-000133	_____	550.09
<input type="checkbox"/> SLOT PROFESSIONAL OCC. LICENSE	79-20-2-520001-79100500-00-000134	_____	550.09
<input type="checkbox"/> SLOT TAXES	79-20-2-520001-79100500-00-000335	_____	550.09, 550.10
<input type="checkbox"/> SLOT FINES	79-20-2-520001-79100500-00-001200	_____	550.09, 550.10
<input type="checkbox"/> SLOT MISCELLANEOUS REVENUE	79-20-2-520001-79100500-00-000400	_____	550
<input type="checkbox"/> H & R FEES	79-50-2-375001-79200200-00-000100	_____	509.251, 509.261, 509.3
<input type="checkbox"/> H & R LICENSES	79-50-2-375001-79200200-00-000200	_____	509.251, 509.261, 509.3
<input type="checkbox"/> H & R MISC	79-50-2-375001-79200200-00-000400	_____	509.251, 509.261, 399.0
<input type="checkbox"/> H & R FINES	79-50-2-375001-79200200-00-001200	_____	509.251, 509.261, 399.0
<input type="checkbox"/> DIV OF FLORIDA CONDOMINIUMS-FEES	79-50-2-289001-79800200-00-000100	_____	498.017
<input type="checkbox"/> DIV OF FLORIDA CONDOMINIUMS-LICENSE	79-50-2-289001-79800200-00-000200	_____	498.017
<input type="checkbox"/> DIV OF FLORIDA CONDOMINIUMS-MISC	79-50-2-289001-79800200-00-000400	_____	498.017
<input type="checkbox"/> DIV OF FLORIDA CONDOMINIUMS-FINES	79-50-2-289001-79800200-00-001200	_____	498.017
<input type="checkbox"/> DIV OF FLORIDA CONDOMINIUMS-FEES	79-50-2-289001-79800100-00-000100	_____	498.017
<input type="checkbox"/> DIV OF FLORIDA CONDOMINIUMS-LICENSE	79-50-2-289001-79800100-00-000200	_____	498.017
<input type="checkbox"/> DIV OF FLORIDA CONDOMINIUMS-MISC	79-50-2-289001-79800100-00-000400	_____	498.017
<input type="checkbox"/> DIV OF FLORIDA CONDOMINIUMS-FINES	79-50-2-289001-79800100-00-001200	_____	498.017
<input type="checkbox"/> AB&T FEES	79-20-2-022001-79400300-00-000100	_____	561.19, 563.564, 565.02
<input type="checkbox"/> AB&T LICENSE	79-20-2-022001-79400300-00-000200	_____	561.19, 563.564, 565.02
<input type="checkbox"/> AB&T TAXES	79-20-2-022001-79400300-00-000311	_____	561.12
<input type="checkbox"/> AB&T MISC	79-20-2-022001-79400300-00-000400	_____	561.19, 563.564, 565.02
<input type="checkbox"/> AB&T FINES	79-20-2-022001-79400300-00-001200	_____	561.19, 563.564, 565.02
<input type="checkbox"/> CIGARETTE TAX COLL.-TAXES.	79-74-2-086001-79400300-00-000312	_____	210.04
<input type="checkbox"/> CIGARETTE SURCHARGE	79-20-2-086001-79400300-00-000313	_____	210.011
<input type="checkbox"/> OTP SURCHARGE	79-20-2-086001-79400300-00-000319	_____	210.011

Validation #: _____ License Ease Year: _____ Organization Code: _____
mm/dd/yyyy

Certified true and correct this _____ day of _____, 20_____

Signature of Authorized Agency Person

Title

APPLICATION FOR REFUND FORM FAQs

- 1) If I need a refund for more than one fee or license type, should I submit a separate refund form for each?

If the refunds are too numerous to list on the form, yes submit a form for multiple fee and license types. Refund requests which are not legible may be delayed.

- 2) Are all fee and license types refundable?

No, some fees such as fingerprint fees are non-refundable. Refer to the appropriate board or business area on the main web page for specific rules.

- 3) How long will it take to receive my refund check?

The time will vary depending on the board or business area. It may take as long as 8 weeks after the refund is received by the appropriate business area.

- 4) Is it required that I print the form from the website?

No, however by doing so it will shorten the time needed to process your refund.