

State of Florida
Department of Business and Professional Regulation
Board of Architecture and Interior Design
Business License Maintenance Form
Form # DBPR AR-ID 2

APPLICATION CHECKLIST - IMPORTANT - Submit all items from the applicable checklist below with your application to ensure faster processing.

TRANSACTION	APPLICATION REQUIREMENTS
Close Business	<input type="checkbox"/> Complete Sections I, II and VII
Address Change	<input type="checkbox"/> Complete Sections I, III and VII.
Name Change	<input type="checkbox"/> Complete Sections I, IV and VII. <input type="checkbox"/> Individuals must submit documentation supporting name change. See Section IV of Instructions.
Renewal Request	<input type="checkbox"/> Complete Sections I and VII. <input type="checkbox"/> Submit the \$125.00 fee. If the license is delinquent, submit an additional \$125.00 for a total of \$250.00. Make check payable to the Florida Department of Business and Professional Regulation.
Change of Qualifier	<input type="checkbox"/> Complete Sections I, V, VI (if needed) and VII of this form.
Branch Office Responsible Supervisor in Control	<input type="checkbox"/> Complete Sections I, VI and VII of this form.

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

Application Instructions

- a. **Section I - Transaction Type**
 - i. Check only the applicable transaction(s) you are seeking.
 - ii. If you are requesting renewal, select the transaction and sign the affirmation statement in Section VII.
- b. **Section II – Close Business**
 - i. This transaction allows a business to reflect the closed status with the Department.
 - ii. The section must be completed by the authorized representative. Mail the completed application to the address at the top of the form.
 - iii. There is no fee for this transaction; however, you must send your license back to the Department with this form.
- c. **Section III – Address Change**
 - i. This transaction allows a business or individual to change their current mailing and/or physical address.
- d. **Section IV – Name Change**
 - i. This transaction allows a Business to change their registered name with the Department of Business and Professional Regulation.
 - ii. For a Business Name Change: Prior to applying for a name change with the Department, the name change must be registered with the Florida Department of State, Division of Corporations.

e. **Section V – Change of Qualifier**

- i. Provide the business license number, name, and address.
- ii. Provide the name and license number of the person which shall have full authority and responsible supervisory control of the location. An architect/interior designer can only provide responsible supervisory control over only one location. If you have multiple offices, you must provide a list including the address of the branch offices. Indicate the name of the responsible supervisor in control with their license number for each branch office. This information may be submitted on a separate sheet.

f. **Section VI – Branch Office Responsible Supervisor in Control (if applicable)**

- i. Provide the address of the branch office.
- ii. Provide the name and license number of the individual who will be in Responsible Supervisory Control assigned to the branch office. Please refer to Rule 61G1-23, Florida Administrative Code, for information regarding Responsible Supervisory Control.

g. **Section VII - Affirmation by Written Declaration**

- i. The applicant must read and sign the affirmation by written declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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Section I – Transaction Types

(Multiple transactions can be completed on this form)	
<input type="checkbox"/> Close Business – (Complete Sections I, II and VII) [0202/8080]	
<input type="checkbox"/> Address Change – (Complete Sections I, III and VII) [9006]	
<input type="checkbox"/> Name Change – (Complete Sections I, IV, and VII) [9006]	
<input type="checkbox"/> Renewal Request – (Complete Sections I and VII) [2020]	
<input type="checkbox"/> Change Qualifier – (Complete Sections I, V, VI, if needed, and VII) [9007/0202]	
<input type="checkbox"/> Change Responsible Supervisor in Control – (Complete Sections I, VI and VII) [9007/0202]	
CHECK ONLY ONE OF THE APPLICATION TYPES And include the business license number	
<input type="checkbox"/> Architecture Business [0202] License Number	<input type="checkbox"/> Interior Design Business [0204] License Number
CONTACT INFORMATION	
Name	Phone Number: () -
Email Address	

Section II – Close Business

BUSINESS INFORMATION
Name of Business

Section III – Address Change

NEW PHYSICAL ADDRESS			
<input type="checkbox"/> Principle Location	<input type="checkbox"/> Branch Location	Business Name	
Street Address			
City		State	Zip Code
County		Country	
NEW MAILING ADDRESS			
Street Address			
City		State	Zip Code
County		Country	



Section IV –Name Change

BUSINESS NAME CHANGE INFORMATION	
Prior to applying for a name change with the Department, the name change must be registered with the Florida Department of State, Division of Corporations. All name changes must be approved by the board prior to offering services in the new business name.	
Company Name (previous)	
Company Name (new)	

Section V – Change of Qualifier

QUALIFIER INFORMATION			
Business License Number	Business Name		
Street Address or P.O. Box			
City	State	Zip Code	
Old Qualifier's Name	License Number	Departure date	
New Qualifier's Name	License Number	Effective date	
Identify the qualifier's Principle Officer Position as listed with the Florida Department of State, Division of Corporations.			
Will the qualifier be the Responsible Supervisor in Control of the business?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is no, then you must identify the Florida licensee who will serve as the Responsible Supervisor in Control.			
Responsible Supervisor in Control Name			License Number

Section VI – Branch Office Responsible Supervisor in Control

RESPONSIBLE SUPERVISOR IN CONTROL INFORMATION			
Street Address or P.O. Box			
City	State	Zip Code	
Old Responsible Supervisor in Control Name	License Number	Departure Date	
New Responsible Supervisor in Control Name	License Number	Effective Date	

Section VII – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.	
Signature	Date
Print Name	