

**State of Florida
 Department of Business and Professional Regulation
 Board of Architecture and Interior Design
 Architect Seeking Registration as Interior Designer
 Form # DBPR AR 4**

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Architect Seeking Registration as Interior Designer	<input type="checkbox"/> Submit the non-refundable fee of \$30.00. Make the check payable to the Florida Department of Business and Professional Regulation.

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

General Information –

Applicants must hold a current Florida architect license in good standing to obtain an interior design registration through this application method.

Application Instructions (by section):

a. Section I- Application Type

Check only the applicable transaction you are seeking.

b. Section II- Applicant Information

- i. Fill out each section completely. This section must be completed by the licensed architect.
- ii. In the Full Legal Name section provide your full legal name as it appears on your license. Do not use any nicknames or initials.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant’s mailing address and may take longer to resolve.

c. Section III- Background Questions

- i. Answer background questions one through three.
- ii. If you answer “yes” to any of the background questions, provide details or attach documentation as needed.

d. Section IV- Affirmation by Written Declaration

- i. This must be signed by the licensed architect or the qualifying licensed architect if applying for the business license.
- ii. Please read, sign and date the affirmation by written declaration.
- iii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

State of Florida
Department of Business and Professional Regulation
Board of Architecture and Interior Design
Architect or Architect Business Seeking Licensure as Interior Designer
Form # DBPR AR 4

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**.
For additional information see the Instructions at the beginning of this application.

Section I- Application Type

CHECK APPLICATION TYPE
<input type="checkbox"/> Architect Seeking Interior Design Registration [0203/1032]
Florida Architect Number

Section II – Applicant Information

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number	Fax Number		
Alternate E-Mail Address			

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section III - Background Questions

BACKGROUND INFORMATION	
1. Have you ever been a defendant in a civil case involving the practice of interior design?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been a defendant in a criminal action case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been a plaintiff in a civil suit involving the practice of interior design?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to any of the above questions, please provide details.	

Section IV – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION (This must be signed by the licensed architect)	
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, or removal of the registration from the state registry.	
Signature	Date
Print Name	