

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Architecture and Interior Design**  
**Application for Interior Design Registration by Endorsement**  
**Form # DBPR ID 4**

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

| APPLICATION  | APPLICATION REQUIREMENTS   |
|--|--|
| <b>Interior Design Registration by Endorsement</b> | <input type="checkbox"/> Submit the non-refundable fee of \$30. Make check payable to the Florida Department of Business and Professional Regulation.<br><input type="checkbox"/> Submit proof of passing the qualified examination prescribed by the Council for Interior Design Qualification. |

**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 –

You must complete and submit the interior design registration by endorsement application. This application is used by individuals that have taken and passed the qualified examination prescribed by the Council for Interior Design Qualification or its successor or has successfully passed an equivalent exam as determined by the department and are licensed, certified, or registered to practice interior design in another jurisdiction of the United States.

**Application Instructions**

**a. Section I-Application Type**

Check the box, Interior Design Registration by Endorsement.

**b. Section II- Applicant Information**

- i. Fill out each section completely.
- 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. Please list any aliases or prior names in the prior name information section.
- 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.
- v. List any licenses that you currently hold or have previously held for a business or professional license/registration in Florida or elsewhere.

**c. Section III-Examination History**

Provide proof of passing the qualified examination prescribed by the Council for Interior Design Qualification or its successor or an equivalent examination as determined by the department or have the state in which you took and passed the NCIDQ examination certify same.

**d. Section IV- Background Questions**

- i. Question 1:
  - (1) If you answer "yes" to this question, you must complete Section V (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all

sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.

- (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- ii. Question 2:
  - (1) If you answer “yes” to this question, you must complete Section V (c) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- iii. Question 3:
  - (1) If you answer “yes” to this question, you must complete Section V (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
- iv. Question 4:
  - (1) If you answer “yes” to this question, you must complete Section V (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- g. Section V- Affirmation by Written Declaration**
  - v. Please read, sign, and date the affirmation by written declaration.
  - vi. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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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"/> Interior Design Registration by Endorsement [0203/1031] |

**Section II – Applicant Information**

| APPLICANT INFORMATION                     |   |                        |        |
|---|---|------------------------|--------|
| Social Security Number*                   |   |                        |        |
| FULL LEGAL NAME                           |   |                        |        |
| Last/Surname                              | First   | Middle                 | Suffix |
| Birth Date (MM/DD/YYYY)<br>/ /            | Gender<br><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 II – Applicant Information – continued**

| <b>CURRENT/PRIOR LICENSE INFORMATION</b>  |       |                    |                  |
|---|-------|--------------------|------------------|
| If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):               |       |                    |                  |
| 1. License/Registration Type  | State | Date (From)<br>/ / | Date (To)<br>/ / |
| License Number  |       | Name Used          |                  |
| 2. License/Registration Type  | State | Date (From)<br>/ / | Date (To)<br>/ / |
| License Number  |       | Name Used          |                  |
| 3. License/Registration Type  | State | Date (From)<br>/ / | Date (To)<br>/ / |
| License Number  |       | Name Used          |                  |
| <b>PRIOR NAME INFORMATION</b>   |       |                    |                  |
| Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |                    |                  |
| If your answer is yes, state name or names used below:  |       |                    |                  |
| Last/Surname  | First | Middle             | Suffix           |
| Last/Surname  | First | Middle             | Suffix           |
| Last/Surname  | First | Middle             | Suffix           |

**Section III – Examination History**

| <b>EXAMINATION HISTORY</b>  |   |
|---|---|
| Have you previously taken and passed the qualified examination? If yes, what state? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**Section IV –Background Questions**

| <b>BACKGROUND QUESTIONS</b> |   |                             |  |
|-----------------------------|---|-----------------------------|--|
| 1.                          | <input type="checkbox"/> Yes<br>(If yes, please complete Section V (b)) | <input type="checkbox"/> No | Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. |
| 2.                          | <input type="checkbox"/> Yes<br>(If yes, please complete Section V (c)) | <input type="checkbox"/> No | Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?  |
| 3.                          | <input type="checkbox"/> Yes<br>(If yes, please complete Section V (c)) | <input type="checkbox"/> No | Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?  |
| 4.                          | <input type="checkbox"/> Yes<br>(If yes, please complete Section V (c)) | <input type="checkbox"/> No | Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?   |

If you answered "YES" to any question in questions 1-4 above, please refer to Instructions for details on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section V (b) for your response to question 1, and complete Section V (c) for your response to questions 2 through 4. If you have more than two offenses to document in Section V (b), or more than one offense to document in Section V (c), attach additional pages as necessary.

**Section IV (b) – Explanation(s) for Background Question 1**

| <b>EXPLANATION</b>                  |  |
|-------------------------------------|--|
| Offense                             |  |
| County                              | State  |
| Penalty/Disposition                 |  |
| Date of Offense (MM/DD/YYYY)<br>/ / | Have all sanctions been satisfied?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description                         |  |
|                                     |  |
|                                     |  |



**Section V – 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. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, or removal of the registration from the state registry.</b> |      |
| Signature  | Date |
| Print Name   |      |