

**State of Florida**  
**Department of Business and Professional Regulation**  
**Division of Professions: Athlete Agents**  
**Change of Status Application**  
**Form # DBPR AA-4103**

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

TRANSACTION	APPLICATION REQUIREMENTS
<b>Set to Active</b> (reactivation outside renewal cycle)	<input type="checkbox"/> Fee of \$290. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Completed form DBPR AA-4103 – Change of Status Application.
<b>Set to Inactive</b> (deactivation outside renewal cycle)	<input type="checkbox"/> Fee of \$25. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Completed form DBPR AA-4103 – Change of Status Application.

**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**.*

**1. Application Instructions (by Section)**

**a. Section I- Application Type**

- i. **Set to Active:** This transaction is used to request that the license be reactivated outside the renewal cycle. The license has already been renewed in an “inactive” status but now the licensee wishes to place their license in an “active” status.
- ii. **Set to Inactive:** This transaction is used to request that the license be deactivated outside the renewal cycle. If the license was in an “inactive” status prior to renewing and the licensee renewed in an “active” status, the licensee is not allowed to request that their license be returned to an “inactive” status again. The licensee must then wait until the next renewal cycle to request the “inactive” status.

**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.

**c. Section III- Affirmation by Written Declaration**

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

**Section I – Application Type**

APPLICATION TYPES (Check only one.)	
<input type="checkbox"/> Set to Active [6001/3020]	<input type="checkbox"/> Set to Inactive [6001/4020]

**Section II – Licensee Information**

LICENSEE INFORMATION			
Last/Surname	First	Middle	Suffix
License Number		Phone Number	
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
CONTACT INFORMATION			
E-Mail Address			
Please be advised that an inactive license will prohibit you from acting as a licensed Athlete Agent under any and all circumstances in this state. If you wish to return to active status, you must request reactivation, pay all applicable reactivation and renewal fees, and comply with all applicable license renewal requirements. Any Athlete Agent working on an inactive license is subject to disciplinary action.			

\* 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 – 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, suspension or revocation of the license.</b>	
Signature:	Date:
Print Name:	

