

State of Florida
Department of Business and Professional Regulation
Building Code Administrators and Inspectors Board
Individual Change of Status Transactions
Form # DBPR BCAIB 6

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

TRANSACTION	TRANSACTION REQUIREMENTS
Request Duplicate License	<input type="checkbox"/> Complete Sections I, II and VI of this form. <input type="checkbox"/> Pay \$25 fee (make check payable to the Department of Business and Professional Regulation). <input type="checkbox"/> Submit police report, if applicable.
Personal Name Change with Issuance of Updated Licensee	<input type="checkbox"/> Complete Sections I, III and VI of this form. <input type="checkbox"/> Pay \$25 fee (make check payable to the Department of Business and Professional Regulation). <input type="checkbox"/> Submit supporting legal documentation of name change (e.g. court documents showing name change, marriage license, divorce decree, etc.).
Personal Address Change	<input type="checkbox"/> Complete Sections I, IV and VI of this form. <input type="checkbox"/> No Fee.
Personal Address Change with Issuance of Updated License	<input type="checkbox"/> Complete Sections I, II, IV and VI of this form. <input type="checkbox"/> Pay \$25 fee (make check payable to the Department of Business and Professional Regulation).
Set License to Inactive	<input type="checkbox"/> Complete Sections I, V and VI of this form. <input type="checkbox"/> Pay \$5 fee (make check payable to the Department of Business and Professional Regulation).
Set License to Active	<input type="checkbox"/> Complete Sections I, V and VI of this form. <input type="checkbox"/> Pay \$5 fee (make check payable to the 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

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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 ONE OF THE TRANSACTION TYPES (Use multiple forms if more than one transaction is applicable)	
<input type="checkbox"/> Duplicate License Request Complete Sections I, II and VI. <input type="checkbox"/> Personal Name Change with Issuance of Updated License Complete Sections I, III and VI. <input type="checkbox"/> Personal Address Change Complete Sections IV and VI. <input type="checkbox"/> Personal Address Change with Issuance of Updated License Complete Sections I, II, IV and VI. <input type="checkbox"/> Set License to Inactive Complete Sections I, V and VI. <input type="checkbox"/> Set License to Active from Inactive Complete Sections I, V and VI.	
LICENSEE INFORMATION	
Name:	License Number:
Phone Number:	Email:

Section II – Request Duplicate License

DUPLICATE LICENSE INFORMATION
Please indicate reason for duplicate license request: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen – no charge (requires submission of police report) <input type="checkbox"/> Change of address

Section III – Personal Name Change (provide supporting documentation)

PERSONAL NAME CHANGE INFORMATION
New Name ***NOTE – Your name on your license will appear as it is printed below***

Section IV – Personal Address Change

NEW MAILING ADDRESS		
Street Address		
City	State	Zip Code (+4 Optional)
County	Country	

Section V – Set License to Inactive/Active

LICENSEE INFORMATION		
Set License to:	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive

Section VI – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>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.</p>	
Signature:	Date:
Print Name:	