

State of Florida
Department of Business and Professional Regulation
Regulatory Council of Community Association Managers
Request for Personal Address or Name Change
Form # DBPR CAM 6

TRANSACTION CHECKLIST – IMPORTANT – Submit items on the checklist below with your form to ensure faster processing. Always keep a copy of your application and any supporting documents submitted to the Department.

TRANSACTION	TRANSACTION REQUIREMENTS
Personal Name Change	<input type="checkbox"/> Complete this entire application. <input type="checkbox"/> Submit supporting legal documentation of name change (e.g. court documents showing name change, marriage license, divorce decree)
Personal Address Change	<input type="checkbox"/> Complete this entire 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

Information:

You may update both your name and address information at the same time by selecting both the name and address change transaction.

Application Instructions:

a. Section I – Transaction Type

i. Personal Name Change

- a. Select this transaction if you need to update your name information.
- b. You must submit supporting legal documentation of the name change (e.g. court documents showing name change, marriage license, divorce decree.)

ii. Personal Address Change

- a. Select this transaction if you need to update your mailing address information.

b. Section II – Licensee Information

- i. Enter your name exactly as it is shown on your current license.
- ii. Enter your license number.
- iii. New Name (complete only if you require update to name information)
 - a. If you will be updating your name information, enter your new name as it is shown on the supporting legal documentation reflecting the name change.
 - b. Applicant must provide supporting legal documentation of name change (e.g. court documents, marriage license, divorce decree, etc.) Failure to provide proper legal documents will result in a deficient application.
- iv. Provide a valid phone number and email address. 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. Provide your mailing address if you checked the address change transaction in Section I.

c. Section III – Affirmation by Written Declaration

- i. You must sign and date the affirmation by written declaration.

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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

TRANSACTION TYPES	
<input type="checkbox"/>	Personal Name Change [3801/9006]
<input type="checkbox"/>	Personal Address Change [3801/9006]

Section II – Licensee Information

LICENSEE INFORMATION			
Last/Surname	First	Middle	Suffix
License Number:			
New Name			
Last/Surname	First	Middle	Suffix
CONTACT INFORMATION			
Phone Number	Email Address		
MAILING ADDRESS			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		

Section III – 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:	

