

**State of Florida**  
**Department of Business and Professional Regulation**  
**Construction Industry Licensing Board**  
**Request for Address or Name Change**  
**Form # DBPR CILB 22**

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

<b>APPLICATION REQUIREMENTS</b>
<p><b>Applicants requesting an updated license to be issued must submit:</b></p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"><li>• \$25</li><li>• Make check payable to the Florida Department of Business and Professional Regulation.</li></ul> <p><b>Applicants submitting a contractor name change must submit:</b></p> <p><input type="checkbox"/> Supporting legal documentation of name change (e.g. court documents showing name change, marriage license, divorce decree, etc.)</p>

**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

**State of Florida**  
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**Construction Industry Licensing Board**  
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**Form # DBPR CILB 22**

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 end of this application.**

**Section I – Transaction Type**

<b>TRANSACTION TYPE – Note: Choose all applicable transactions. [06xx/9006 without fee; 06xx/8001 with fee]</b>	
<input type="checkbox"/> Contractor Name Change <input type="checkbox"/> Change Mailing Address <input type="checkbox"/> Change Contact Information	<input type="checkbox"/> Change Residence Address <input type="checkbox"/> Change Business Address

**Section II – Applicant Personal Information**

<b>LICENSEE INFORMATION</b>		
License Number:		
Licensee Name (previous):		
*Licensee Name (new, if applicable):		
*NOTE: A change of name requires submitting supporting legal documentation of name change. See Instructions at the end of this application for more information.		
<b>NEW MAILING ADDRESS</b>		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
<b>NEW CONTACT INFORMATION</b>		
Primary Phone Number	Primary E-Mail Address	
<b>NEW RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)</b>		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
<b>NEW BUSINESS LOCATION ADDRESS</b>		
Business/Firm Name		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

**Section II – Applicant Personal Information- continued**

NEW ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

**Section III – Request for Updated License (Optional)**

REQUEST UPDATED LICENSE	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Note: If you request an updated license you must submit a fee of \$25.</b>	

**Section IV – 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. <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></p>	
Signature:	Date:
Print Name:	

**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. General Requirements for Registration**

- a. This form is required if you are a contractor and you are updating your personal information with the Department of Business and Professional Regulation Construction Industry Licensing Board.
- b. This form is also required if you are updating a business address with the Department of Business and Professional Regulation Construction Industry Licensing Board.
- c. **Note: This form is not required for changes to a business name or changes in qualifying agents.**

**2. Application Instructions (by section)****a. Section I- Transaction Types**

- i. Select the transactions you wish to conduct. Note that you may complete multiple transactions with this form at one time.

**b. Section II - Applicant Personal Information**

- i. Each applicant must provide their license number and the name on their current license.
- ii. For each transaction you wish to complete, fill out the appropriate section completely.
  - (1) Contractor Change of Name: Applicant must provide their changed name with supporting legal documentation showing the name change.
  - (2) Change of Mailing Address: Applicant must provide their new mailing address.
  - (3) Change of Contact Information: Applicant must provide their updated contact information.
  - (4) Change of Residence Address: Applicant must provide their new residential address if they have moved.
  - (5) Change of Business Address: Applicant must provide their new business location address if their business has changed locations.

**c. Section III- Request for Updated License**

- i. Select **YES** if you want an updated license issued to you. Note this will incur a cost of \$25.
- ii. Select **NO** if you do not want an updated license issued to you.

**d. Section IV- Affirmation by Written Declaration**

- i. Each applicant must sign the affirmation by written declaration.