

**INFORMATION REGARDING COMPLETION OF
CHANGE OF STATUS APPLICATION
FROM ACTIVE TO INACTIVE STATUS
DBPR CILB 4365**

Application begins on page 2

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.

In filing an application, be certain that the application is completely filled out, that all questions are answered truthfully, and that all the information requested is furnished. **Please type or print in ink.** Applicants are cautioned to read questions thoroughly. A false answer concerning financial or background information will subject applicant to denial or subsequent disciplinary action against the license.

TRANSACTION	APPLICATION CHECKLIST
Changing from Active to Inactive	<p>FEES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$50 <input type="checkbox"/> Make check payable to the Department of Business and Professional Regulation <p>FORMS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> DBPR CILB 4365 - Change of Status Application from Active to Inactive

Please send your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399 – 0783

www.MyFlorida.com

DBPR CILB 4365 – Change of Status Application From Active to Inactive Status



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 1940 North Monroe Street
 Tallahassee, FL 32399 – 0783
www.myflorida.com

NOTE – This form must be submitted as part of an entire application packet

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APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix
Social Security Number*		Telephone Number		
License Number				
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		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

CHECK APPLICABLE TRANSACTION	
<input type="checkbox"/> Certified <input type="checkbox"/> Registered	Name of Business No Longer Qualified (if applicable): _____ License No. _____

SIGNATURE BLOCK	
_____ Signature of Applicant	_____ Date

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.