

**State of Florida  
Department of Business and Professional Regulation  
Application for Temporary License for Military Spouse  
Form # DBPR MST 1**

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 fees, instructions, and additional information see pages 7-9 of this application.***

**Section I – License Type**

<b>CHECK ONLY ONE LICENSE TYPE</b>	
<b>Accountancy</b>	
<input type="checkbox"/> Certified Public Accountant [0101/1041]	
<b>Architecture and Interior Design</b>	
<input type="checkbox"/> Architect [0201/1041]	<input type="checkbox"/> Interior Designer [0203/1041]
<b>Asbestos</b>	
<input type="checkbox"/> Asbestos Consultant [5901/1041]	<input type="checkbox"/> Asbestos Contractor [5902/1041]
<b>Athlete Agents</b>	
<input type="checkbox"/> Athlete Agent [6001/1041]	
<b>Auctioneers</b>	
<input type="checkbox"/> Auctioneer [4802/1041]	<input type="checkbox"/> Auctioneer Apprentice [4801/1041]
<b>Barbers</b>	
<input type="checkbox"/> Barber [0301/1041]	<input type="checkbox"/> Restricted Barber [0302/1041]
<b>Building Code Administrators and Inspectors</b>	
<input type="checkbox"/> Building Code Administrator [5003/1041]	<input type="checkbox"/> One and Two Family Dwelling Plans Examiner [5020/1041]
<input type="checkbox"/> Commercial Pool Inspector [5018/1041]	<input type="checkbox"/> Plans Examiner [5002/1041]
<input type="checkbox"/> Inspector [5001/1041]	<input type="checkbox"/> Residential Pool Inspector [5024/1041]
<input type="checkbox"/> Modular Inspector [5021/1041]	<input type="checkbox"/> Roofing Inspector [5023/1041]
<input type="checkbox"/> Modular Plans Examiner [5022/1041]	
<b>Community Association Managers</b>	
<input type="checkbox"/> Community Association Manager [3801/1041]	
<b>Construction</b>	
<input type="checkbox"/> Certified Building [0602/1041]	<input type="checkbox"/> Certified Specialty: Marine [0612/1041]
<input type="checkbox"/> Certified Class A Air-Conditioning [0601/1041]	<input type="checkbox"/> Certified Specialty: Solar Water Heating [0612/1041]
<input type="checkbox"/> Certified Class B Air-Conditioning [0601/1041]	<input type="checkbox"/> Certified Specialty: Structure [0612/1041]
<input type="checkbox"/> Certified Commercial Pool/Spa [0607/1041]	<input type="checkbox"/> Certified Specialty: Swimming Pool Decking [0612/1041]
<input type="checkbox"/> Certified General [0605/1041]	<input type="checkbox"/> Certified Specialty: Swimming Pool Excavation [0612/1041]
<input type="checkbox"/> Certified Glass & Glazing [0631/1041]	<input type="checkbox"/> Certified Specialty: Swimming Pool Finishes [0612/1041]
<input type="checkbox"/> Certified Mechanical [0606/1041]	<input type="checkbox"/> Certified Specialty: Swimming Pool Layout [0612/1041]
<input type="checkbox"/> Certified Plumbing [0604/1041]	<input type="checkbox"/> Certified Specialty: Swimming Pool Piping [0612/1041]
<input type="checkbox"/> Certified Pollutant Storage Systems [0613/1041]	<input type="checkbox"/> Certified Specialty: Tower [0612/1041]
<input type="checkbox"/> Certified Residential [0608/1041]	<input type="checkbox"/> Certified Swimming Pool/Spa Servicing [0607/1041]
<input type="checkbox"/> Certified Residential Pool/Spa [0607/1041]	<input type="checkbox"/> Certified Underground Utility and Excavation [0610/1041]
<input type="checkbox"/> Certified Roofing [0603/1041]	
<input type="checkbox"/> Certified Sheet Metal [0609/1041]	
<input type="checkbox"/> Certified Solar [0611/1041]	
<input type="checkbox"/> Certified Specialty: Dry Wall [0612/1041]	
<input type="checkbox"/> Certified Specialty: Gas Line [0612/1041]	
<input type="checkbox"/> Certified Specialty: Swimming Pool Structural [0612/1041]	
<input type="checkbox"/> Certified Specialty: Swimming Pool Trim [0612/1041]	

## Section I – License Type – continued

<b>CHECK ONLY ONE LICENSE TYPE</b>	
<b>Cosmetology</b>	
<input type="checkbox"/> Body Wrapper [0504/1041]	<input type="checkbox"/> Hair Braider [0506/1041]
<input type="checkbox"/> Cosmetologist [0501/1041]	<input type="checkbox"/> Hair Wrapper [0505/1041]
<input type="checkbox"/> Facial Specialist [0508/1041]	<input type="checkbox"/> Nail Specialist [0507/1041]
<input type="checkbox"/> Full Specialist [0509/1041]	
<b>Electrical and Alarm System</b>	
<input type="checkbox"/> Certified Alarm System Contractor I [0802/1041]	<input type="checkbox"/> Certified Specialty Contractor – Residential [0804/1041]
<input type="checkbox"/> Certified Alarm System Contractor II [0803/1041]	<input type="checkbox"/> Certified Specialty Contractor – Sign [0804/1041]
<input type="checkbox"/> Certified Electrical Contractor [0801/1041]	<input type="checkbox"/> Certified Specialty Contractor – Utility Line [0804/1041]
<input type="checkbox"/> Certified Specialty Contractor – Limited Energy System [0804/1041]	
<input type="checkbox"/> Certified Specialty Contractor – Lighting Maintenance [0804/1041]	
<b>Employee Leasing Companies</b>	
<input type="checkbox"/> Employee Leasing Company [6302/1041]	<input type="checkbox"/> Employee Leasing Company Group Leader [6306/1041]
<input type="checkbox"/> Employee Leasing Company Group Member [6304/1041]	<input type="checkbox"/> Controlling Person [6301/1041]
<b>Geology</b>	
<input type="checkbox"/> Professional Geologist [5301/1041]	
<b>Home Inspectors</b>	
<input type="checkbox"/> Home Inspector [0401/1041]	
<b>Landscape Architecture</b>	
<input type="checkbox"/> Landscape Architect [1301/1041]	<input type="checkbox"/> Landscape Architect – Temporary License [1303/1041]
<b>Mold Related Services</b>	
<input type="checkbox"/> Mold Assessor [0701/1041]	<input type="checkbox"/> Mold Remediator [0702/1041]
<b>Real Estate</b>	
<input type="checkbox"/> Real Estate Broker [2501/1042]	<input type="checkbox"/> Real Estate Sales Associate/Broker Sales Associate [2501/1041]
<input type="checkbox"/> Real Estate Instructor [2505/1041]	
<b>Real Estate Appraisers</b>	
<input type="checkbox"/> Certified General Appraiser [6404/1041]	<input type="checkbox"/> Residential Appraiser Instructor [6405/1041]
<input type="checkbox"/> Certified Residential Appraiser [6403/1041]	<input type="checkbox"/> Registered Trainee Appraiser [6401/1041]
<input type="checkbox"/> General Appraiser Instructor [6406/1041]	
<b>Talent Agents</b>	
<input type="checkbox"/> Talent Agency [4901/1041]	
<b>Veterinary Medicine</b>	
<input type="checkbox"/> Veterinarian [2601/1041]	

**Section II – Applicant Personal Information**

PERSONAL INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
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	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			

\* 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 & 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 & Professional Regulation to identify licensees for tax administration purposes.

PRIOR NAME INFORMATION			
Have you used, been known as, or been called by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

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

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list them below (attach additional copies if necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

**Section III (a) – Background Questions**

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0581, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." <b>YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.</b>
2.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1-4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action, including the nature of any charges, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please complete Section III (b) for your response to questions 1 and 2, and complete Section III (c) for your response to questions 3 and 4. If you have more than two offenses to document in Section III (b), attach additional copies as necessary.



**Section IV – Description of the scope of work covered under your current license**

SCOPE OF WORK	
Please write a brief summary of the job duties (scope of work) your license allows you to perform in your state (jurisdiction):	
In addition to the summary above, please indicate the specific statutory section(s) and or rule(s) from your jurisdiction that define the scope of work covered under your current license as summarized above (and submit a copy of those statutes/rules):	

**Section V – Oath/Affirmation Statement**

OATH/AFFIRMATION	
Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.	
I certify that I am empowered to execute this application as required by section 559.79, FS. I understand that my signature on this application has the same legal effect as if made under oath. All information contained on this application is true and correct. <b>I understand that falsification of any information on this application may result in administrative action, including a fine, suspension or revocation of the license.</b>	
Signature:	Date:
Print Name:	

**Section VI – Irrevocable Consent to Service - Real Estate & Real Estate Appraiser applicants ONLY**

IRREVOCABLE CONSENT TO SERVICE			
This section is applicable to <u>non-Florida resident</u> applicants only.			
I agree, as holder of a Florida professional license, to submit to the jurisdiction of the Department of Business and Professional Regulation and the Division of Administrative Hearings, which agreement is irrevocable.			
I agree, as the holder of a Florida professional license, that the Director of the Division of Real Estate and his/her successors in office shall receive service of all legal process issued against me in any administrative or civil action or proceeding in this state, and process so served shall be valid and binding, which agreement is irrevocable. I further agree to file with the Division of Real Estate an address (shown below) where a copy of the process served upon the Division Director is to be sent by registered mail, and that I will keep said address current.			
Last/Surname	First	Middle	Suffix
Street Address or P.O. Box			

City	State	Zip Code (+4 Optional)
Signature:		

**Section VII – Fee Listing**

<b>FEES</b>	
<b>Profession Name</b>	<b>Fee Amount</b>
Architects and Interior Design; Asbestos; Barbers; Athlete Agents; Auctioneers; Building Code Administrators and Inspectors; Community Association Managers; Cosmetology; Geology; Home Inspectors; Landscape Architects; Mold Related Services; Real Estate; General Appraiser Instructor; Residential Appraiser Instructor; Registered Trainee Appraiser; Talent Agencies; Veterinarians	\$140
Accountancy	\$145
Construction	\$144
Electrical and Alarm System	\$144
Employee Leasing Companies	\$212
Certified General Appraiser, Certified Residential Appraiser	\$165

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

<b>APPLICATION</b>	<b>APPLICATION REQUIREMENTS</b>
<b>Temporary Licensure for Military Spouse</b>	<input type="checkbox"/> Complete this entire application. <input type="checkbox"/> Submit applicable fee from Section VII – Fee Listing (make check payable to the Department of Business and Professional Regulation). <input type="checkbox"/> Submit electronic fingerprints. <b>See Section VIII 1. e.</b> <input type="checkbox"/> Submit a copy of your military dependent ID card. <input type="checkbox"/> Submit a copy of your spouse's military orders. <input type="checkbox"/> Submit a certificate of licensure. <input type="checkbox"/> Submit a copy of the statutes and/or rules from your jurisdiction that define the scope of work covered under your current license.

**Please mail your completed application, documentation and required fee(s) to:**  
 Department of Business and Professional Regulation  
 1940 North Monroe Street  
 Tallahassee, FL 32399-0783

## Section VIII – 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 Temporary License for a Military Spouse

- a. Complete this entire application.
- b. You will be held accountable for all the Florida laws, rules, and regulations governing this license from the day you begin to practice.
  - i. It is your responsibility to become aware of all of the Florida laws, rules, and regulations governing your particular professional license.
- c. You may be issued a temporary license only if the scope of work covered under your existing professional license is covered under the scope of work for the license you are seeking to acquire.
- d. This license is valid only for six months from the date of issuance, and cannot be renewed or extended.
- e. ELECTRONIC FINGERPRINTING:
  - i. All applications for initial licensure or changes of status are required to have a criminal background check performed by the Florida Department of Law Enforcement and Federal Bureau of Investigation. The Department of Business and Professional Regulation only accepts electronic fingerprinting service offered by Livescan device vendors approved by the Florida Department of Law Enforcement and listed at their site. You can view the vendor options and contact information at [Livescan Device Vendors](#) List. Fingerprint results are valid for two years from the date of submission.
  - ii. If you are located outside of the state of Florida, or if you have any questions regarding the electronic fingerprinting process, please view the [Electronic Fingerprinting FAQ](#).
- f. Obtaining a license by providing misleading or fraudulent information could lead to revocation and other disciplinary actions by the department.
- g. In order to obtain a Temporary License for Military Spouse, Florida law requires you to live in the state of Florida.

### 2. Application Instructions (by section)

#### a. Section I

- i. Visit [www.MyFloridaLicense.com](http://www.MyFloridaLicense.com) to get information regarding the rules and regulations governing each board and the scope of work covered under each license type.
- ii. The profession names are in bold, with any applicable license types underneath.

#### b. Section II

- i. Fill out each section completely. A social security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- ii. In the Full Legal Name section, applicants must use the name as it appears on his or her social security card. Do not use any nicknames or initials.
- iii. Applicants must furnish at least one physical address – i.e., not a P.O. Box.

#### c. Section III(a), (b), and (c)

- i. Question 1:
  - (1) If you answer “yes” to this question, you must complete Section III (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
  - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- ii. Question 2:

- (1) If you answer “yes” to this question, you must complete Section III (b) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
  - iii. Question 3:
    - (1) If you answer “yes” to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
  - iv. Question 4:
    - (1) If you answer “yes” to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
  - d. Section IV**
    - i. Give a description of the work covered under your current license.
    - ii. You must submit documentation from your licensure state that defines the scope of work under your current license.
  - e. Section V**
    - i. All applicants must sign the Oath/Affirmation Statement.
  - f. Section VI**
    - i. Only applicants who are applying for a Real Estate or Real Estate Appraisers license type and are NOT residents of Florida need to complete this section.
- 3. Other Information**
- a. Upon receipt of your application and fee, the department will review your application for completeness. While the statutory timeframe to evaluate the application to determine if a license can be issued or notify you of missing information is 30 days, we are currently averaging 7-10 days for this process.
  - b. If you have any questions concerning the progress of your application review, please call (850) 487-1395 and one of our customer service agents will be happy to assist you.