

**DBPR 0090 – Duplicate License Request**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

LICENSEE INFORMATION		
License Number		
Licensee Name		
Social Security Number*/Federal Employer ID Number		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
I hereby certify that the license issued by the Florida Department of Business and Professional Regulation was (check one):		
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen – no charge (requires police report)		
<input type="checkbox"/> Destroyed		

\*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, 654, and 666(a); and Sections 455.203(9), 409.2598, Florida Statutes. Social security numbers must be recorded on all professional and occupational license applications and will be used to allow efficient screening of applicants and licensees by Title IV-D Child Support Agency to assure compliance with child support obligations.

**I affirm that I have provided the above information completely and truthfully to the best of my knowledge.**

Licensee Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

FOR DIVISION USE ONLY	
Duplicate License Issued By: _____	Date Issued: _____

**The fee for a duplicate license is \$25.**

**Please mail to:**  
Department of Business and Professional Regulation  
C/O Central Intake Unit  
1940 North Monroe Street  
Tallahassee, FL 32399-0783