

**DBPR PG 4706 – Geology Certificate of Authorization
Notification of Change of Address or Geologist(s) of Record**

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 accordance with Rule 61G16-1.0071, Florida Administrative Code, a geology certificate of authorization must notify the department of a change within 30 days.

LICENSEE INFORMATION		
Name of Business or Corporation, Partnership, etc.		
Geology Business License Number		
CURRENT BUSINESS MAILING ADDRESS (This will be the official address of record with the department)		
Street Address		
City	State	ZIP Code
Phone Number	Email Address	

ADDITIONS		
List below the licensed professional geologist(s) of record you are requesting to add to the above business. He or she must sign and date below. Attach additional sheets if necessary.		
Name of Geologist of Record		
Name	License Number	
Signature	Date	Effective Date

DELETIONS		
List below the licensed professional geologist(s) of record you are requesting to remove from the above business. Attach additional sheets if necessary.		
Name of Geologist of Record		
Name	License Number	
Effective Date		

Signature of the Owner, Officer or Partner of Business	
Name	Title
Signature	Date

PLEASE RETURN TO:

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

www.MyFloridaLicense.com