

State of Florida
Department of Business and Professional Regulation
Landscape Architecture Business Transactions
Maintenance Form/Status Change
Form # DBPR LA 7

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

TRANSACTION	APPLICATION REQUIREMENTS
Close Business	<input type="checkbox"/> Complete Sections I, II and VI.
Address Change	<input type="checkbox"/> Complete Sections I, III and VI.
Address Change with Issuance of Updated License	<input type="checkbox"/> Complete Sections I, III and VI. <input type="checkbox"/> Submit the \$25 fee. Make check payable to the Florida Department of Business and Professional Regulation.
Request Duplicate License	<input type="checkbox"/> Complete Sections I and VI. <input type="checkbox"/> Submit the \$25 fee. Make check payable to the Florida Department of Business and Professional Regulation.
Name Change with Issuance of an Updated License	<input type="checkbox"/> Complete Sections I, IV and VI. <input type="checkbox"/> Individuals must submit documentation supporting name change. See Section IV of Instructions. <input type="checkbox"/> Submit the \$25 fee. Make check payable to the Florida Department of Business and Professional Regulation.
Set License to Inactive	<input type="checkbox"/> Complete Sections I, V and VI of this form. <input type="checkbox"/> Pay \$50 fee if not within renewal period (make check payable to the Department of Business and Professional Regulation).
Reactivate License	<input type="checkbox"/> Complete Sections I, V and VI of this form. <input type="checkbox"/> Provide proof of completion of 16 hours of continuing education. <input type="checkbox"/> Pay \$300 fee (make check payable to the Department of Business and Professional Regulation). \$250 for a current license and \$50.00 for change of status.

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

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. Application Instructions (by section)

- a. **Section I - Transaction Type**
 - i. Check only the applicable transaction(s) you are seeking.
- b. **Section II – Close Business**
 - i. This transaction allows a business to cancel their registration with the Department.
 - ii. The section must be completed by the authorized representative. Mail the completed application to the address at the top of the form.
 - iii. There is no fee for this transaction.
- c. **Section III – Address Change**
 - i. This transaction allows a business or individual to change their current mailing and/or physical address.
 - ii. There is no fee for an address change without issuance of an updated license. If you are requesting an updated license you must submit a fee in the amount of \$25.00 and select the transaction “Address Change with Issuance of Updated License”.

- d. **Section IV – Name Change**
 - i. This transaction allows a business or individual to change their registered name with the Department of Business and Professional Regulation.
 - ii. For a Business Name Change: Prior to applying for a name change with the Department, the name change must be registered with the Florida Department of State, Division of Corporations.
 - iii. For an Individual Name Change: A change of name requires submitting supporting legal documentation of name change (e.g. marriage license, court documents showing name change, divorce decree, etc).
 - iv. A new license will be mailed out to the current mailing address of record. Allow 10-15 business days for the new license to arrive once the request has been completed.
 - v. The fee for this transaction is \$25.00
- e. **Section V - Set License to Inactive/Active**
 - i. This transaction allows for an individual to reactivate their license.
 - ii. As a condition of reactivation of an inactive status license, a Landscape Architect must satisfy the continuing education requirements of Rule 61G10-18, FAC. Landscape Architects must complete 16 hrs. of continuing education.
- f. **Section VI – Affirmation by Written Declaration**
 - i. The applicant must read and sign the affirmation by written declaration.
 - ii. If this application is for business maintenance, it must be filled out by the owner, officer or director of the firm authorized to execute the application for the business.
 - iii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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Section I – Transaction Types

CHECK ONLY ONE OF THE APPLICATION TYPES (Multiple transactions can be completed on this form)	
<input type="checkbox"/> Close Business (Complete Sections I, II and VI) [1302/8080] <input type="checkbox"/> Address Change (Complete Sections I, III and VI) [1301/1302-9006] <input type="checkbox"/> Address Change with Issuance of Updated License - (Complete Sections I, III and VI) [8001] <input type="checkbox"/> Request Duplicate License – (Complete Sections I and VI) [8001] <input type="checkbox"/> Name Change with Issuance of Updated License – (Complete Sections I, IV, and VI) [8001] <input type="checkbox"/> Set License to Inactive – (Complete Sections I, V and VI) [1301/4020] <input type="checkbox"/> Reactivate License – (Complete Sections I, V and VI) [1301/3020]	
APPLICATION TYPE	
<input type="checkbox"/> Individual License Number:	<input type="checkbox"/> Business License Number:
CONTACT INFORMATION	
Name:	
Phone Number: () -	
Email Address:	

Section II – Close Business

BUSINESS INFORMATION
Name of Business:

Section III – Address Change

NEW PHYSICAL ADDRESS		
Street Address		
City	State	Zip Code
County	Country	
NEW MAILING ADDRESS		
Street Address		
City	State	Zip Code
County	Country	

Section IV – Name Change

NAME CHANGE INFORMATION	
If this transaction is for changing the company's name, entities registered with the Department of State/Division of Corporations must change their name there prior to making this request.	
Company/Individual Name (previous)	
Company/Individual Name (new)	

Section V – Set License to Inactive/Active

LICENSEE INFORMATION		
Set License to:	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive

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