

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
Cease Qualifying a Business	<input type="checkbox"/> Complete Sections I, II and VI. License will remain active as an individual and will not have a business name on it.
Address Change	<input type="checkbox"/> Complete Sections I, III and VI.
Name Change	<input type="checkbox"/> Complete Sections I, IV and VI. <input type="checkbox"/> Individuals must submit documentation supporting name change. See Section IV of Instructions.
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 \$225 fee (make check payable to the Department of Business and Professional Regulation).

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.
- 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).

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"/> Cease Qualifying a Business - (Complete Sections I, II and VI) [1301/9006] <input type="checkbox"/> Address Change - (Complete Sections I, III and VI) [1301/1302-9006] <input type="checkbox"/> Name Change – (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	
License Number:	
CONTACT INFORMATION	
Name:	
Phone Number: () -	
Email Address:	

Section II – Cease Qualifying 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:	