

State of Florida
Department of Business and Professional Regulation
Mold Related Services
Application for Licensure
Form # DBPR MRS 0701

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

| APPLICATION | APPLICATION REQUIREMENTS |
|---|--|
| Licensure by Examination | <ul style="list-style-type: none"> <input type="checkbox"/> Fee of \$230 if applying for an initial active or inactive license. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I-IV, VI and VIII. <input type="checkbox"/> Pass the state required examination. <input type="checkbox"/> Submit proof of education (transcripts). <input type="checkbox"/> Complete set of electronic fingerprints as required pursuant to Rule 61-31.101(2)(d), F.A.C. <input type="checkbox"/> Supporting legal documentation (if applicable). See Section “c” of Application Instructions. <input type="checkbox"/> Submit proof of documented training in water intrusion, mold and respiratory protection. |
| Licensure by Endorsement | <ul style="list-style-type: none"> <input type="checkbox"/> Fee of \$230 if applying for an initial active or inactive license. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I-III, V, VI and VIII of this application OR complete Sections I - VII if you have passed a state or national exam but do not hold an out of state license. <input type="checkbox"/> Submit certificate of licensure from a state or national association with equivalent educational and experience requirements as this state. <input type="checkbox"/> Complete set of electronic fingerprints as required pursuant to Rule 61-31.101(2)(d), F.A.C. <input type="checkbox"/> Supporting legal documentation (if applicable). See Section “c” of Application Instructions. <input type="checkbox"/> Submit proof of documented training in water intrusion, mold and respiratory protection. |
| Reinstatement of Null and Void License | <ul style="list-style-type: none"> <input type="checkbox"/> Pay fee of \$230, payable to the Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections, I, II, III and VI-VIII of this application. <input type="checkbox"/> Supporting legal documentation (if applicable). See Section of 1(c) of the instructions. <input type="checkbox"/> Provide an explanation of the illness or economic hardship that prevented renewal of your license. <input type="checkbox"/> Proof of completion of continuing education required for renewal: 14 hours. <input type="checkbox"/> Complete set of electronic fingerprints as required pursuant to Rule 61-31.101(2)(d), F.A.C. |

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- Application Type

- i. **Active Status:** This should be checked to request that the license be issued in an “active” status.
- ii. **Inactive Status:** This should be checked to request that the license be issued in an “inactive” status.
- iii. **Licensure by Examination Mold Assessor or Mold Remediator:** The appropriate licensure category box should be checked.
- iv. **Licensure by Endorsement Mold Assessor or Mold Remediator:** The appropriate licensure category box should be checked.
- v. Check which method of licensure by endorsement the applicant is using to obtain licensure – based on valid out of state license or by passing a state or national association exam approved by this state.
- vi. **Reinstatement of a Null and Void License:** This box should be checked only by an applicant who has previously held a license and their license is expired. You should only apply for the same type of license you previously held.

b. Section II- Applicant Information

- i. Fill out each section completely.
- ii. In the Full Legal Name section provide your full legal name as it appears on your license. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant’s mailing address and may take longer to resolve.
- v. List any licenses that you currently hold or have previously held for a business or professional license/registration in Florida or elsewhere.

c. Section III- Background Questions

- 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 (c) [*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- Licensure by Examination

- i. Check the appropriate license type and education and experience combination that you have completed. Applicants for Mold Remediator must provide either a 2 year associate of arts degree and 1 year of experience in a field related to mold remediation or a high school diploma and a minimum of 4 years of experience in a field related to mold remediation. Applicants for Mold Assessor must provide either a 2 year associate of arts degree and 1 year of experience in conducting microbial sampling or investigations or a high school diploma with a minimum of 4 years of experience in conducting microbial sampling or investigations
- ii. If qualifying with a 2-year degree, list a minimum of 30 semester hours in microbiology, engineering, architecture, industrial hygiene, occupational safety, biology, chemistry, environmental, earth or physical science from an accredited institution. Submit a complete copy of transcripts.
- iii. Provide the required amount of experience to coincide with your education. To establish each year of experience an applicant must submit a list of at least 15 mold assessments or remediation projects performed by the applicant. Attach additional sheets as necessary.

e. Section V – Licensure by Endorsement

- i. Check method of qualification.
- ii. Provide the name of the state in which you are currently licensed/certified.
- iii. Provide the name of the organization that offered the examination.
- iii. Provide the name of the examination completed to obtain license/certification.
- iv. Submit certificate of licensure from the statue you hold a license.

f. Section VI – Proof of Insurance

- i. Check the appropriate type and amount of the required minimum insurance that you hold.

g. Section VII – Explanation of Illness or Economic Hardship that Prevented Renewal

- i. Provide an explanation of the illness or economic hardship that prevented renewal of your license.
- ii. Attach copies as necessary.

h. Section VIII - Affirmation by Written Declaration

- i. Please read and sign the affirmation by written declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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For additional information see the Instructions at the beginning of this application.

Section I- Application Type

| CHECK APPLICATION TYPE | | | |
|---|--|--|--|
| Licensure by Examination: | <input type="checkbox"/> Mold Assessor – Active Status [0701/1030] | <input type="checkbox"/> Mold Assessor – Inactive Status [0701/1034] | <input type="checkbox"/> Mold Remediator – Inactive Status [0702/1034] |
| | <input type="checkbox"/> Mold Remediator – Active Status [0702/1030] | <input type="checkbox"/> Mold Remediator – Inactive Status [0702/1036] | <input type="checkbox"/> Mold Remediator – Inactive Status [0702/1036] |
| Licensure by Endorsement: | <input type="checkbox"/> Mold Assessor - Active Status [0701/1035] | <input type="checkbox"/> Mold Assessor – Inactive Status [0701/1036] | <input type="checkbox"/> Mold Remediator – Inactive Status [0702/1036] |
| | <input type="checkbox"/> Mold Remediator – Active Status [0702/1035] | <input type="checkbox"/> Mold Remediator – Inactive Status [0702/1036] | |
| | <input type="checkbox"/> Based on out of state license as described in Section 468.8414(3)(b), F.S. (complete Sections I-III and V-VII) OR | | |
| | <input type="checkbox"/> Based on passing a state or national association exam approved by this state as described in Section 468.8414(3)(a), F.S. (complete Sections I – VII) | | |
| Reinstatement of Null and Void License: | <input type="checkbox"/> Mold Assessor [0701/1038] | <input type="checkbox"/> Mold Remediator [0702/1038] | |
| Previous License No.: | <input type="checkbox"/> Active Status | <input type="checkbox"/> Inactive Status | |

Section II – Applicant Information

| APPLICANT 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 | |
| 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 and 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 and Professional Regulation to identify licensees for tax administration purposes.



Section II – Applicant 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 each one below (attach additional copies of this page as 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 | |
| PRIOR NAME INFORMATION | | | |
| Have you used, been known as, or are currently known 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 |
| Last/Surname | First | Middle | Suffix |

Section III –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 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." 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. |
| 2. | <input type="checkbox"/> Yes (If yes, please complete Section III (c)) | <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 any question in questions 1-4 above, please refer to Section 2(b) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section III (b) for your response to question 1, and complete Section III (c) for your response to questions 2 through 4. If you have more than two offenses to document in Section III (b), or more than one offense to document in Section III(c), attach additional pages as necessary.

Section III (b) – Explanation(s) for Background Question 1

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |

Section III (b) – Explanation(s) for Background Question 1 - continued

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |

Section III (c) – Explanation(s) for Background Questions 2 through 4

| EXPLANATION | |
|---------------------|----------------------------------|
| State/Jurisdiction: | Application Type/License Number: |
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Section IV (a) – Licensure by Examination

| LICENSURE BY EXAMINATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------|--------------|-------------------|---------------|--------------|-------------------|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|----|--|--|--|
| <p>Method of Qualification:</p> <p>For Mold Remediator applicants:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2-year associate of arts degree and 1 year experience in a field related to mold remediation <input type="checkbox"/> High School diploma with a minimum of 4 years experience in a field related to mold remediation <p>For Mold Assessor applicants:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2-year associate of arts degree and 1 year experience in conducting microbial sampling or investigations, or <input type="checkbox"/> High School diploma with a minimum of 4 years experience in conducting microbial sampling or investigations <p>For ALL applicants:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documented completion of training in water intrusion, mold and respiratory protection <input type="checkbox"/> Pass the state required exam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The 2-year degree must have a minimum of 30 semester hours in microbiology, engineering, architecture, industrial hygiene, occupational safety, biology, chemistry, environmental, earth or physical science from an accredited institution. Provide complete copies of transcripts.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 10px;"> <p>List of courses that satisfy education (30 semester hours) as described above and in:</p> <ul style="list-style-type: none"> ○ Remediator: Section 468.8413(2)(a)1.,F.S. ○ Assessor: Section 468.8413(2)(b)1.,F.S. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%; text-align: center;">Course Number</th> <th style="width: 55%; text-align: center;">Course Title</th> <th style="width: 15%; text-align: center;">Number of Credits</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td></tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">(attach list if necessary)</p> </div> | | | | Course Number | Course Title | Number of Credits | 1 | | | | 2 | | | | 3 | | | | 4 | | | | 5 | | | | 6 | | | | 7 | | | | 8 | | | | 9 | | | | 10 | | | |
| | Course Number | Course Title | Number of Credits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section IV (b) – Experience

- To establish each year of experience an applicant must submit a list of at least 15 mold assessments or remediation projects performed by the applicant.
- 15 projects for each 12 month period equals one year of experience.
- Confidential information concerning client’s names, property addresses, etc. may be redacted from the list of projects and reports.

EXPERIENCE LIST

| Date of Assignment | Description of work performed on projects Assessment or remediation projects must be greater than 10 square feet. <input type="checkbox"/> Mold Assessment <input type="checkbox"/> Mold Remediation | Employer |
|--------------------|---|----------|
| 1. | | |
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| 15. | | |

Section V – Licensure by Endorsement

| LICENSURE BY ENDORSEMENT |
|---|
| <p>NOTE: To be eligible for licensure by endorsement, out of state applicants must either:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hold a valid mold assessment or remediation license from a state or territory of the United States whose licensure requirements are substantially equivalent to those of this state. Include a certificate of licensure from your home state that shows: <ul style="list-style-type: none"> <input type="checkbox"/> Your name <input type="checkbox"/> License number <input type="checkbox"/> Date of initial licensure <input type="checkbox"/> That your license is in good standing <p>-OR-</p> <ul style="list-style-type: none"> <input type="checkbox"/> Be qualified for licensure as set forth in Section 468.8413 and have passed a mold assessment or remediation certification examination that has been approved by the Department as substantially equivalent to the requirements in Part XVI of Chapter 468 and Section 455.217 F.S. <p>All applicants must attach documented completion of training in water intrusion, mold and respiratory protection.</p> |
| <p>Name of state in which you are currently licensed/certified:</p> |
| <p>Name of organization that offered the examination:</p> |
| <p>Exam that was completed to attain license/certification:</p> |

Section VI – Proof of Insurance

| INSURANCE |
|--|
| <p>If the applicant has NOT obtained liability insurance at minimum requirements the applicant is only eligible for an Inactive license.</p> |
| <p><u>Mold Assessor:</u> Have you obtained general liability and errors and omission for preliminary and post remediation mold assessment insurance coverage in the amounts of:</p> <p style="text-align: center;">Minimum amounts required for: General liability - \$1,000,000 Errors and omission - \$1,000,000</p> <p style="text-align: center;">Yes <input type="checkbox"/></p> |
| <p><u>Mold Remediator:</u> Have you obtained general liability including coverage for mold related claims in the amount of:</p> <p style="text-align: center;">Minimum amounts required for: General liability - \$1,000,000</p> <p style="text-align: center;">Yes <input type="checkbox"/></p> |

**Section VII – Explanation of Illness or Economic Hardship that Prevented Renewal
(only complete this section if you are applying to reinstate your license)**

| EXPLANATION | |
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Section VIII - 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: | |