

**State of Florida
 Department of Business and Professional Regulation
 Mold Related Services
 Maintenance Form
 Form # DBPR MRS 0705**

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

TRANSACTION	APPLICATION REQUIREMENTS
Address Change	<input type="checkbox"/> Complete Sections I, II and IV.
Name Change	<input type="checkbox"/> Complete Sections I, III and IV. <input type="checkbox"/> Individuals must submit documentation supporting name change. See Section III of Instructions.

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.
- ii. If you are requesting renewal, select the transaction and sign the affirmation statement in Section IV.
- iii. If you are requesting a duplicate, select the transaction and sign the affirmation statement in Section IV.

b. Section II – Address Change

- i. This transaction allows an individual to change their current mailing and/or physical address on file with the Department.
- ii. There is no fee for an address change.

c. Section III – Name Change

- i. This transaction allows an individual to change their name with the Department of Business and Professional Regulation.
- ii. 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. Section IV- Affirmation by Written Declaration

- i. The applicant must 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 – Transaction Types

CHECK ONLY ONE OF THE APPLICATION TYPES (Use multiple forms if more than one transaction is applicable)	
<input type="checkbox"/> Address Change (Complete Section I, II and IV) [9006]	
<input type="checkbox"/> Name Change – (Complete Section I, III and IV) [9006/8001]	
LICENSEE INFORMATION	
Name:	License Number:
Phone Number:	Email:

Section II – Address Change

NEW MAILING ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

Section III –Name Change

NAME CHANGE INFORMATION
Individual Name (previous)
Individual Name (new)

Section IV– 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:	

