

**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.

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

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**.
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:	