

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

If applying for both assessor and remediator, separate applications and fees will be required.

**Section I - Application Type**

<b>CHECK THE APPLICATION TYPES</b>
<input type="checkbox"/> Licensure by Examination-based on education and experience as described in Section 468.8413 F.S. <b>(Complete sections I, II, III, IV, VII, VIII of this application).</b>  <p style="text-align: center;"><b>License type applying for:</b>   <input type="checkbox"/> Mold Assessor <b>(0701/1030)</b>  <input type="checkbox"/> Mold Remediator <b>(0702/1030)</b></p>
<input type="checkbox"/> Licensure by Endorsement – based on out of state license as described in Section 468.8414(3)(b), F.S. <b>(Complete Sections I, II, III, V, VII, VIII of this application).</b> <b>OR</b> <input type="checkbox"/> Licensure by Endorsement - based on passing a state or national association exam approved by this state as described in Section 468.8414(3)(a), F.S. <b>(Complete Sections I, II, III, IV, V, VIII, IX of this application).</b>  <p style="text-align: center;"><b>License type applying for:</b>   <input type="checkbox"/> Mold Assessor <b>(0701/1035)</b>  <input type="checkbox"/> Mold Remediator <b>(0702/1035)</b></p>
Please indicate whether you are applying for an active or inactive status license: <input type="checkbox"/> Active Status <input type="checkbox"/> Inactive Status

<input type="checkbox"/> Change of Status – Become Active <b>(Complete Sections VI, VII, VIII of this application).</b> <div style="margin-left: 40px;"> <input type="checkbox"/> Mold Assessor <b>(0701/3020)</b>  <input type="checkbox"/> Mold Remediator <b>(0702/3020)</b> </div>
<input type="checkbox"/> Change of Status – Become Inactive <b>(Complete Sections VI, VIII of this application).</b> <div style="margin-left: 40px;"> <input type="checkbox"/> Mold Assessor <b>(0701/4020)</b>  <input type="checkbox"/> Mold Remediator <b>(0702/4020)</b> </div>

**Section II - Applicant Personal Information**

PERSONAL 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	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			
CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list them below (attach additional copies if 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 been called 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

\* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653, 654, and 666(a); and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers must be recorded on all professional and occupational license applications and will be used to allow efficient screening of applicants and licensees by a Title IV-D Child Support Agency to assure compliance with child support obligations.

**Section III (a) – Background Questions**

<b>BACKGROUND QUESTIONS</b>			
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 943.0581, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." <b>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.</b>
2.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<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 questions 1-4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action, including the nature of any charges, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please complete Section III (b) for your response to questions 1 and 2, and complete Section III (c) for your response to questions 3 and 4. If you have more than three offenses to document in Section III (b), attach additional copies as necessary.

**Section III (b) – Explanation(s) for Background Questions 1 and 2**

<b>EXPLANATION</b>	
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 IV (a) – Licensure by Examination**

<b>LICENSURE BY EXAMINATION</b>		
Attach the results and date of examination.		
Submit proof of education and experience requirements:		
<input type="checkbox"/> 2-year associate of arts degree or equivalent or higher <input type="checkbox"/> 1-year experience (evidence of at least 15 mold related projects you have worked on as proof of experience) <input type="checkbox"/> Documented completion of training in water, mold and respiratory protection <input type="checkbox"/> Copies of transcripts showing 30 semester hours of science courses as required pursuant to: <ul style="list-style-type: none"> <li>○ <b>Remediator:</b> Section 468.8413(2)(a)(1), F.S.</li> <li>○ <b>Assessor:</b> Section 468.8413(2)(b)(1), F.S.</li> </ul>		
<p><b>List of courses that satisfy education (30 semester hours) as described in:</b></p> <ul style="list-style-type: none"> <li>○ Remediator: Section 468.8413(2)(a)(1),F.S.</li> <li>○ Assessor: Section 468.8413(2)(b)(1),F.S.</li> </ul>		
<b>Course Number</b>	<b>Course Title</b>	<b>Number of Credits</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>(attach list if necessary)</b>		
<b>For mold assessor applicants:</b>		
<ul style="list-style-type: none"> <li>• The 2-year degree must be in; microbiology, engineering, architecture, industrial hygiene, occupational safety, or a related field of science from an accredited institution.</li> <li>• The documented field experience must be in conducting microbial sampling or investigations.</li> </ul>		
<b>For mold remediator applicants:</b>		
<ul style="list-style-type: none"> <li>• The 2-year degree must be in; microbiology, engineering, architecture, industrial hygiene, occupational safety, or a related field of science from an accredited institution.</li> <li>• The documented field experience must be in a field related to mold remediation.</li> </ul>		
<b>-OR-</b>		
<input type="checkbox"/> A high school diploma <input type="checkbox"/> 4 years experience. To establish each year of "documented field experience", an applicant must submit evidence of at least 15 mold assessments or remediation projects performed, in whole or in part, by the applicant. 15 projects for each 12-month period equals 1 year of experience.		
<b>All applicants:</b>		
<ul style="list-style-type: none"> <li>• Document all projects being submitted as proof of experience in section IV(b).</li> <li>• Documented completion of training in water, mold and respiratory protection.</li> <li>• Attach all documents to this application.</li> </ul>		

**Section IV (b) – Experience Log**

- 2-year associate of arts degree or equivalent requires 1-year experience in assessment / remediation (15 invoices prepared by the applicant or a list of at least 15 mold related projects worked by the applicant as proof of each year of experience).
- A high school diploma requires 4 years experience in assessment / remediation as applicable (60 invoices prepared by the applicant or a list of at least 60 mold related projects worked by the applicant as proof of experience).
- Confidential information concerning client’s names, property addresses, etc. may be redacted from the list of projects and reports.
- Please attach the required invoices.
- Documented completion of training in water, mold and respiratory protection.

<b>Date of Assignment</b>	<b>Description of work performed on Projects</b> <b>Assessment or remediation projects must be greater than 10 square feet.</b>  <input type="checkbox"/> <b>Mold Assessment</b> <input type="checkbox"/> <b>Mold Remediation</b>	<b>Employer</b>
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### Section V – Licensure by Endorsement

LICENSURE BY ENDORSEMENT	
<p><b>NOTE: To be eligible for licensure by endorsement, out of state applicants must either:</b></p> <p><input type="checkbox"/> <b>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:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Your name</li> <li><input type="checkbox"/> License number</li> <li><input type="checkbox"/> Date of initial licensure</li> <li><input type="checkbox"/> That your license is in good standing</li> </ul> <p><b>-OR-</b></p> <p><input type="checkbox"/> <b>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.</b></p> <p><b>All applicants must attach documented completion of training in water, mold and respiratory protection.</b></p>	
Name of state in which you are currently licensed/certified:	
Name of organization that offered the examination:	
Exam that was completed to attain license/certification:	

### Section VI – Change of Status to Active or Inactive Status

REQUEST FOR INACTIVE TO ACTIVE OR ACTIVE TO INACTIVE STATUS		
License Holder's Name:		License Number:
<input type="checkbox"/> Active to Inactive Status		<input type="checkbox"/> Inactive to Active Status
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)		Country
Phone Number		Fax Number
Licensee's Signature (Qualifier):		Date:
<p><b>Please be advised that an inactive license will prohibit you from acting as a licensed assessor or remediator under any and all circumstances in the State of Florida. If you wish to return to active status you must request reactivation, pay all applicable reactivation and renewal fees, and comply with all applicable license renewal requirements. An inactive license is required to complete all required continuing education requirements as a condition of license renewal. Any assessor or remediator working on an inactive license is subject to disciplinary action.</b></p>		

**Section VII – Proof of Insurance**

<b>INSURANCE – FOR ACTIVE LICENSEES ONLY</b>	
<p><b><u>Mold Assessor:</u></b> Have you obtained general liability and errors and omission for preliminary and post remediation mold assessment insurance coverage in the amounts of:</p>	
<p><b>Minimum amounts required for:</b>                      General liability - \$1,000,000                      Errors and omission - \$1,000,000</p>	
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p><b><u>Mold Remediator:</u></b> Have you obtained general liability including coverage for mold related claims in the amount of</p>	
<p><b>Minimum amounts required for:</b>                      General liability - \$1,000,000</p>	
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

**Section VIII – Attestation Statement**

<p>Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, without the need for witnesses unless otherwise required by law. I certify that I am empowered to execute this application as required by section 559.79, FS. I understand that my signature on this application has the same legal effect as if made under oath. All information contained on this application is true and correct. I understand that falsification of any information on this application may result in administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	

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**.

## **ELECTRONIC FINGERPRINTING**

All applications for initial licensure or changes of status are required to have a criminal background check performed by the Florida Department of Law Enforcement and Federal Bureau of Investigation. The Department of Business and Professional Regulation only accepts electronic fingerprinting service offered by Livescan device vendors approved by the Florida Department of Law Enforcement and listed at their site. You can view the vendor options and contact information at [Livescan Device Vendors](#) List. Fingerprint results are valid for two years from the date of submission.

**The application must be supplemented as needed to reflect any material change in any circumstance or condition stated in the application which takes place between the initial filing of the application and the final grant or denial of the license and which might affect the decision of the department.**

If you are located outside of the state of Florida, or if you have any questions regarding the electronic fingerprinting process, please view the [Electronic Fingerprinting FAQ](#).

## **LICENSURE APPLICANTS**

**Licensure by Examination** requires proof that you meet the education and experience requirements of section 468.8413, F.S., and passage of an examination and a completed application. All fees must be submitted to the department at the time of application. The fee for an initial active license is \$330 (\$125 application fee, \$200 initial licensure fee and \$5 unlicensed activity fee). The fee for an initial inactive license is \$305 (\$100 application fee, \$200 initial licensure fee and \$5 unlicensed activity fee). Your check or money order, made payable to the Department of Business and Professional Regulation, should be attached to the application. Florida applicants will be required to take and pass a national exam offered by the department's vendor. Applications filed for licensure under this provision will be reviewed by the department for approval or denial. If you wish to schedule to take the examination, please visit <http://www.acac.org/> or by contacting the Department of Business and Professional Regulation, Customer Contact Center at 850.487.1395.

## **LICENSURE BY ENDORSEMENT**

**Licensure by Endorsement** requires proof that you meet the education and experience requirements of section 468.8413, F.S. and submit proof of passage of a mold related services examination that is substantially equivalent to the required examination of this state; or holds a valid license to practice mold related services issued by another state or territory of the United States that is substantially the same as the criteria of this state.

Completed application and all fees must be submitted to the department at the time of application. The fee for an initial active license is \$330 (\$125 application fee, \$200 initial licensure fee and \$5 unlicensed activity fee). The fee for an initial inactive license is \$305 (\$100 application fee, \$200 initial licensure fee and \$5 unlicensed activity fee). Your check or money order, made payable to the Department of Business and Professional Regulation, should be attached to the application. Applications filed under this provision will be reviewed by the department to determine qualification for licensure by endorsement.

### **CHANGE OF STATUS - Inactive to Active**

Change of status from inactive to active requires a completed application and a \$200 fee. Your check or money order, payable to the Department of Business and Professional Regulation, should be attached to the application. Applications filed under this provision will be reviewed by the department to determine eligibility to change status.

### **CHANGE OF STATUS - Active to Inactive**

Change of status from active to inactive requires a completed application and a \$100 fee. Your check or money order, payable to the Department of Business and Professional Regulation, should be attached to the application.

All applicants for licensure as a mold assessor or remediator in this state will be required to:

- Submit electronic fingerprints for criminal background investigations.
- Indicate whether you are applying for an active or inactive status

**APPLICATION CHECKLIST**

Select the appropriate application type below and comply with the corresponding application requirements.

TRANSACTION	APPLICATION REQUIREMENTS
<p><b>Licensure by Examination</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete sections I, II, III, IV, VII, VIII of this application.</li> <li><input type="checkbox"/> Pay \$330 fee if applying for an initial <u>active</u> license, or \$305 fee if applying for an initial <u>inactive</u> license (make check payable to the Department of Business and Professional Regulation).</li> <li><input type="checkbox"/> Pass the state required examination.</li> <li><input type="checkbox"/> Submit proof of education and experience:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> 2-year degree and 1-year experience</li> <li><b>or</b></li> <li><input type="checkbox"/> High school diploma and 4-years experience</li> </ul> </li> </ul> <p style="text-align: center;"><b>Based on application type, attach at least 15 mold remediation or assessment invoices prepared by the applicant as proof of each year experience.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete electronic fingerprint background check.</li> <li><input type="checkbox"/> Submit proof of documented training in water, mold and respiratory protection.</li> </ul>
<p><b>Licensure by Endorsement</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete sections I, II, III, V, VII, VIII of this application</li> <li><b>-OR-</b></li> <li><input type="checkbox"/> Complete sections I, II, III, IV, V, VII, VIII of this application if you have passed a state or national exam but do not hold an out of state license.</li> <li><input type="checkbox"/> Pay \$330 fee if applying for an initial <u>active</u> license, or \$305 fee if applying for an initial <u>inactive</u> license (make check payable to the Department of Business and Professional Regulation).</li> <li><input type="checkbox"/> Submit certificate of licensure from a state or national Association with equivalent educational and experience requirements as this state.</li> <li><input type="checkbox"/> Complete electronic fingerprint background check.</li> <li><input type="checkbox"/> Submit proof of documented training in water, mold and respiratory protection.</li> </ul>
<p><b>Change of status; Become Active</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Sections I, VI, VII, VIII of this application.</li> <li><input type="checkbox"/> Pay \$200 fee (Make check payable to the Department of Business and Professional Regulation).</li> <li><input type="checkbox"/> Complete electronic fingerprint background check.</li> <li><input type="checkbox"/> Provide proof of continuing education credit for the licensure period(s) in which your license was inactive.</li> </ul>
<p><b>Change of status; Become Inactive</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Sections I, VI, VIII of this application.</li> <li><input type="checkbox"/> Pay \$100 fee (Make check payable to the Department of Business and Professional Regulation).</li> </ul>

**Please mail your completed application, documentation and required fee(s) to:**  
 Department of Business and Professional Regulation  
 1940 North Monroe Street  
 Tallahassee, FL 32399-0783