

State of Florida
Department of Business and Professional Regulation
Board of Pilot Commissioners
Maintenance Form
Form # DBPR BOPC 2

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.
Renewal Request	<input type="checkbox"/> Complete Sections I and IV. <input type="checkbox"/> Submit the \$200 fee. Make check payable to the Department of Business and Professional Regulation. <input type="checkbox"/> Submit a Merchant Mariner Physical Examination Report. To maintain eligibility for licensure you must annually provide documentary proof of having satisfactorily passed a complete physical examination, including a drug test.

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 Types**
 - 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. Provide licensee's information. Fill out each section in its entirety.
- 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.
- 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).
- d. **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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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) [2301/9006]	
<input type="checkbox"/> Name Change – (Complete Section I, III and IV) [2301/9006]	
<input type="checkbox"/> Renewal Request — (Complete Sections I and IV) [2301/2020]	
LICENSEE INFORMATION	
Name:	License Number:
Type of License: <input type="checkbox"/> Deputy Pilot <input type="checkbox"/> State Pilot	
Phone Number:	Email:

Section II – Address Change

NEW MAILING ADDRESS		
Street Address		
City	State	Zip
County	Country	

Section III – Name Change

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



Section IV – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION

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.**

Signature:

Date:

Print Name: