

**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
<b>Address Change</b>	<input type="checkbox"/> Complete Sections I, II and IV.
<b>Name Change</b>	<input type="checkbox"/> Complete Sections I, III and IV. <input type="checkbox"/> Individuals must submit documentation supporting name change. See Section III of Instructions.
<b>Renewal Request</b>	<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 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.
- 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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**For additional information see the Instructions at the beginning of this application.**

**Section I – Transaction Types**

<b>CHECK ONLY ONE OF THE APPLICATION TYPES</b> (Use multiple forms if more than one transaction is applicable)	
<input type="checkbox"/> <b>Address Change</b> (Complete Section I, II and IV) [2301/9006]	
<input type="checkbox"/> <b>Name Change –</b> (Complete Section I, III and IV) [2301/9006]	
<input type="checkbox"/> <b>Renewal Request —</b> (Complete Sections I and IV) [2301/2020]	
<b>LICENSEE INFORMATION</b>	
Name:	License Number:
Type of License:	<input type="checkbox"/> Deputy Pilot <span style="margin-left: 200px;"><input type="checkbox"/> State Pilot</span>
Phone Number:	Email:

**Section II – Address Change**

<b>NEW MAILING ADDRESS</b>			
Street Address			
City	State	Zip	
County	Country		

**Section III – Name Change**

<b>NAME CHANGE INFORMATION</b>
Individual Name (previous)
Individual Name (new)

**Section IV – Affirmation By Written Declaration**

<b>AFFIRMATION BY WRITTEN DECLARATION</b>	
<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. <b>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.</b></p>	
Signature:	Date:
Print Name:	