

DBPR RE-2080 – Request for Instructor Evaluation
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 1940 North Monroe Street
 Tallahassee, FL 32399-0783
 Customer Contact Center: (850) 487-1395
www.myfloridalicense.com/dbpr

CHECK ACTION REQUESTED	
Board	
<input type="checkbox"/> Florida Real Estate Commission (FREC)	<input type="checkbox"/> Florida Real Estate Appraisal Board (FREAB)
Course Number (only if adding instructors to a currently approved course):	

PERSONAL INFORMATION				
Instructor Number or Permit Number (if applicable)				
Last Name	First	Middle	Title	Suffix
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Phone Number		Fax 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		
EDUCATIONAL BACKGROUND				
Name of College/Univ.	Major/Minor	Begin Date / /	End Date / /	Degree
Name of College/Univ.	Major/Minor	Begin Date / /	End Date / /	Degree
Name of College/Univ.	Major/Minor	Begin Date / /	End Date / /	Degree
TEACHING EXPERIENCE				
Name of College/Univ.	Subject(s) Taught		Begin Date / /	End Date / /
Name of College/Univ.	Subject(s) Taught		Begin Date / /	End Date / /
Name of College/Univ.	Subject(s) Taught		Begin Date / /	End Date / /

Please attach any additional information that justifies your educational and teaching history or makes you uniquely qualified to teach this course.

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Submitted by (signature): _____ Date: _____