

# APPLICATION INFORMATION FOR REAL ESTATE CORPORATION

## QUALIFICATIONS

F.S. 475.15 Registration and licensing general partners, members, officers, and directors of a firm—Each partnership, limited liability partnership, limited liability company, or corporation which acts as a broker shall register with the commission and shall renew the licenses or registrations of its member, officers, and directors for each license period. However, if the partnership is a licensed partnership, only the general partners must be licensed brokers or brokerage corporations registered pursuant to this part. If the license or registration of at least one active broker member is not in force, the registration of a corporation, limited liability company, limited liability partnership, or partnership is canceled automatically during that period of time.

For additional information see Chapter 61J2-5.

You may access **Chapter 475 of the Florida Statutes** Online at:

[www.MyFlorida.com/dbpr](http://www.MyFlorida.com/dbpr)

- Click on “**Real Estate**”
- Click on “**Statutes & Rules**”

You may also access the **Rules of the Florida Real Estate Commission** online by following the above instructions.

## IMPORTANT INFORMATION

**Applicants are cautioned to read all questions thoroughly. To speed the processing of an application, be certain that the application is completely filled out, that all questions are answered truthfully and that any requested additional information is included with your application package. Please retain copies of all submitted documents. A false answer concerning qualification information will subject the applicant to denial or subsequent license disciplinary action. A fully completed application package must include: 2000-1 Application Requirements form and application fee.**

**If the qualifying broker for this application is currently qualifying another entity or working as a sole proprietor and intends to continue that relationship, he/she must request a multiple license. See form DBPR RE-2050 (included in this package) for appropriate fee.**

**If you are applying for a corporation/partnership, neither a sales associate nor a broker associate can be an officer or partner.**

**APPLICATION INFORMATION FOR  
REAL ESTATE CORPORATION (continued)**

**If you are applying for a limited liability company (LLC) please be advised that a sales associate or broker associate cannot be a member of a member managed LLC; however, a sales associate or a broker associate can be a member of a manager managed LLC.**

**If you are applying for a partnership, neither a sales associate nor a broker associate can be a partner. One member of a partnership must be a real estate broker.**

**ATTEST STATEMENT**

It is the ongoing duty of every applicant to update and submit supplemental information to the application as needed, any material change in any material circumstance or condition, as stated in the application until granted the licensure, registration or certification sought.

**REFUNDS**

Submitting this application and required fees implies your intent to pursue licensure. If you wish to withdraw your application you will only be entitled to the unused portion of fees paid. The department must receive your written request for a refund, per Chapter 215.26, F.S., no more than 3 years from date of payment.

If you have previously submitted an application, please contact the Division of Real Estate before submitting a second application.

**DBPR RE-2000 – Application Requirements**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**1940 North Monroe Street  
Tallahassee, FL 32399-0783**

Application requirements vary depending on the license type being applied for. The following table provides detail of the required forms for the various types of applications. You can also apply or renew licenses online and make payments by credit card by viewing the **DBPR Online Services** section located at [www.myfloridalicense.com/dbpr](http://www.myfloridalicense.com/dbpr). If you have any questions or need assistance in completing your application, please contact the Customer Contact Center at **(850) 487-1395**.

**Please submit this checklist with your application.**

<b>Check Action Requested</b>	<b>License Type</b>	<b>Application Fee</b>	<b>Required Forms (By Form Number)</b>
<input type="checkbox"/>	Sales Associate	\$105.00	0010, 0050-1, 0060-1, 2000, 2010-b
<input type="checkbox"/>	Sales Associate (Mutual Recognition)	\$105.00	0010, 0050-1, 0060-1, 2000, 2010-b Letter of Good Standing
<input type="checkbox"/>	Broker	\$115.00	0010, 0050-1, 0060-1, 2000, 2010-b
<input type="checkbox"/>	Broker (Mutual Recognition)	\$115.00	0010, 0050-1, 0060-1, 2000, 2010-b Letter of Good Standing
<input type="checkbox"/>	Registered Trainee Appraiser	\$230.00	0010, 0050-1, 0060-1, 2000, 2010-a, 2060
<input type="checkbox"/>	Certified Residential Appraiser	\$330.00	0010, 0050-1, 0060-1, 2000, 2010-a, 2300-1
<input type="checkbox"/>	Certified Residential Appraiser (Mutual Recognition)	\$330.00	0010, 0050-1, 0060-1, 2000, 2010-a, 2300-1 Letter of Good Standing
<input type="checkbox"/>	Certified General Appraiser	\$330.00	0010, 0050-1, 0060-1, 2000, 2010-a, 2300-1
<input type="checkbox"/>	Certified General Appraiser (Mutual Recognition)	\$330.00	0010, 0050-1, 0060-1, 2000, 2010-a, 2300-1 Letter of Good Standing
<input type="checkbox"/>	Non-Resident Temporary Appraisal Practice Permit	\$50.00	0010, 2000, 2020

**DBPR RE-2000 – Application Requirements**

**STATE OF FLORIDA  
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Tallahassee, FL 32399-0783**

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**Please submit this checklist with your application.**

<b>Check Action Requested (Continued)</b>	<b>License Type</b>	<b>Application Fee</b>	<b>Required Forms (By Form Number)</b>
<input type="checkbox"/>	Instructor – Real Estate	\$105.00	0010, 0050-1, 0060-1, 2000, 2010-b, 2030
<input type="checkbox"/>	Instructor – Residential Appraisal	\$105.00	0010, 0050-1, 0060-1, 2000, 2010-a, 2040
<input type="checkbox"/>	Instructor – General Appraisal	\$105.00	0010, 0050-1, 0060-1, 2000, 2010-a, 2040
<input type="checkbox"/>	School Chief Administrator	\$85.00	0010, 2000, 2070
<input type="checkbox"/>	New Corporations/ LLC/ Partnerships	\$95.00	0020-1, 0040, 2000, 2050, 2100 (Optional)
<input type="checkbox"/>	New Branch Office	\$85.00	2000, 2100, 0020-1
<input type="checkbox"/>	New School	\$135.00	0020-1, 0040, 2000, 2070
<input type="checkbox"/>	School Additional Location	\$50.00	0020-1, 2000, 2100
<input type="checkbox"/>	Corporate Amendment	NO FEE	0020-1, 0040, 2000, 2050
<input type="checkbox"/>	Sole Proprietor	NO FEE	0080-1, 2000, 2050

- Checks and Money Orders are accepted for applications received by mail.
- Please make checks or money orders payable to *DBPR - Division of Real Estate*.
- Please address mail to **DBPR – Bureau of Central Intake & Licensure** at the address listed on this form.

**DBPR RE-2050 – Request for Change of Status**

**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
 1940 North Monroe Street  
 Tallahassee, FL 32399-0783  
 Customer Contact Center: 850.487.1395  
 FAX: 850.488.8040  
[www.myfloridalicense.com/dbpr](http://www.myfloridalicense.com/dbpr)

<b>CHECK ACTION(S) REQUESTED</b>
<b>Transaction Type:</b> <input type="checkbox"/> Become Active – no charge <input type="checkbox"/> Become Inactive – no charge <input type="checkbox"/> Add/Delete Trade Name – no charge <input type="checkbox"/> Become Sole Proprietor – no charge (Forms 2050 & 0080 required) <input type="checkbox"/> Change Broker/Owner Employer – no charge <input type="checkbox"/> Terminate Employee – no charge <input type="checkbox"/> Add/Delete PA or LLC - \$30.00 fee required – see F.S. 475.161 <input type="checkbox"/> Request for Multiple License - \$95.00 <input type="checkbox"/> Renew license <input type="checkbox"/> Qualifying Broker (CQ package required) <input type="checkbox"/> Owner/Developer (Forms 2050 & 0080 required)

<b>ASSOCIATE INFORMATION</b>	
License Number	Licensee Name
Contact Information (telephone number or E-Mail address)	

<b>BROKER OR ORGANIZATION INFORMATION</b>	
Broker License Number	Organization License Number
Broker/Owner Name	
Organization Name	
Trade Name (if applicable)	Contact Info. (telephone number or E-Mail address)
Are you now or with the issuance of this license, an officer, director, member, or partner of any corporation, partnership, or L.L.C. which acts as a broker? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please list name of entity	

<b>ATTEST STATEMENT</b>	
<b>REQUIRES SIGNATURE OF BROKER <u>AND</u> ASSOCIATE*</b>	
<b>(Except for Add/Delete PA or LLC – which may be signed by the licensee)</b>	
<b>I affirm that I have provided the above information completely and truthfully to the best of my knowledge.</b>	
Broker/Owner Sign Here: _____	Date: _____
<small>*Broker signature not req. for Assoc. inactive status or add/delete PA –LLC</small>	
Print Broker/Owner Name: _____	
Associate Sign Here: _____	Date: _____
<small>*All Associate requested changes require signature</small>	

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

ORGANIZATION INFORMATION		
Federal Employer ID Number/Social Security Number*		
Organization/Applicant Name		
Doing Business As (D/B/A) Name		
Ownership: Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture Agreement <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Estate <input type="checkbox"/> Professional Association <input type="checkbox"/> Other <input type="checkbox"/>		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
Contact Name		
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	
BUSINESS LOCATION 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	

\*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 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

**DBPR 0040 – Officers and Directors**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

**NOTE – This form must be submitted as part of an  
application packet**

Please provide information on the partners, managers, officers, or directors for your business entity below.

<b>ORGANIZATION NAME</b>
Name of Organization
D/B/A or Trade Name

<b>LIMITED LIABILITY CORPORATION QUESTIONS</b>
If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information. Member Managed <input type="checkbox"/> Manager Managed <input type="checkbox"/>

Please list below all Officers, Directors, Managers, and/or Shareholders with 10% or more interest in the business:

<b>MANAGEMENT INFORMATION</b>				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active <input type="checkbox"/>	Non-Active <input type="checkbox"/>	
<b>RESIDENCE ADDRESS</b>				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

<b>MANAGEMENT INFORMATION</b>				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active <input type="checkbox"/>	Non-Active <input type="checkbox"/>	
<b>RESIDENCE ADDRESS</b>				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active	<input type="checkbox"/>	
		Non-Active	<input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active	<input type="checkbox"/>	
		Non-Active	<input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active	<input type="checkbox"/>	
		Non-Active	<input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active	<input type="checkbox"/>	
		Non-Active	<input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

Attach additional sheets as necessary