

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

- 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.

BPR 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. 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.

Check Action Requested	License Type	Application Fee	Required Forms (By Form Number)
<input type="checkbox"/>	Sales Associate	\$105.00	0010-2, 0050-1, 0060-1, 2000, 2010-b
<input type="checkbox"/>	Sales Associate (Mutual Recognition)	\$105.00	0010-2, 0050-1, 0060-1, 2000, 2010-b
<input type="checkbox"/>	Broker	\$115.00	0010-2, 0050-1, 0060-1, 2000, 2010-b
<input type="checkbox"/>	Broker (Mutual Recognition)	\$115.00	0010-2, 0050-1, 0060-1, 2000, 2010-b
<input type="checkbox"/>	Registered Trainee Appraiser	\$230.00	0010-2, 0050-1, 0060-1, 2000, 2010-a, 2060
<input type="checkbox"/>	Certified Residential Appraiser	\$330.00	0010-2, 0050-1, 0060-1, 2000, 2010-a, 2300
<input type="checkbox"/>	Certified Residential Appraiser (Mutual Recognition)	\$330.00	0010-2, 0050-1, 0060-1, 2000, 2010-a, Letter of Good Standing
<input type="checkbox"/>	Certified General Appraiser	\$330.00	0010-2, 0050-1, 0060-1, 2000, 2010-a, 2300
<input type="checkbox"/>	Certified General Appraiser (Mutual Recognition)	\$330.00	0010-2, 0050-1, 0060-1, 2000, 2010-a, Letter of Good Standing
<input type="checkbox"/>	Non-Resident Temporary Appraisal Practice Permit	\$50.00	0010-2, 2000, 2020

BPR RE-2000 – Application Requirements



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Please submit this checklist with your application.

Check Action Requested (Continued)	License Type	Application Fee	Required Forms (By Form Number)
<input type="checkbox"/>	Instructor – Real Estate	\$105.00	0010-2, 0050-1, 0060-1, 2000, 2010-b, 2030
<input type="checkbox"/>	Instructor – Residential Appraisal	\$105.00	0010-2, 0050-1, 0060-1, 2000, 2010-a, 2040
<input type="checkbox"/>	Instructor – General Appraisal	\$105.00	0010-2, 0050-1, 0060-1, 2000, 2010-a, 2040
<input type="checkbox"/>	School Chief Administrator	\$85.00	0010-2, 2000, 2070
<input type="checkbox"/>	New Corporations/ LLC/ Partnerships	\$95.00	0020-2, 0040-1, 2000, 2050, 2100 (Optional)
<input type="checkbox"/>	New Branch Office	\$85.00	2000, 2100
<input type="checkbox"/>	New School	\$135.00	0020-2, 0040-1, 2000, 2070
<input type="checkbox"/>	School Additional Location	\$50.00	0020-2, 2000, 2100
<input type="checkbox"/>	Corporate Amendment	NO FEE	0020-2, 0040-1, 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** and use the address listed on this form.

DBPR 0020-1 – Master Organization Application



STATE OF FLORIDA
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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 0040-1 – Officers and Directors



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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.

ORGANIZATION NAME
Name of Organization
Trade Name

LIMITED LIABILITY CORPORATION QUESTIONS
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"/>
If you are a member managed LLC, list below all members. If you are a manager managed LLC, list below all managers.

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		

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

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

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

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

BROKER OR ORGANIZATION INFORMATION	
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	

ATTEST STATEMENT	
REQUIRES SIGNATURE OF BROKER AND ASSOCIATE* (EXCEPT FOR ADD/DELETE PA OR LLC - WHICH MAY BE SIGNED BY THE LICENSEE)	
I affirm that I have provided the above information completely and truthfully to the best of my knowledge.	
Broker/Owner Sign Here: _____	Date: _____
<small>*Bk Signature not req. for Assoc. inactive status or add/delete PA -LLC</small>	
Associate Sign Here: _____	Date: _____
<small>*All Associate requested changes require signature</small>	

DBPR RE-2100 – Application for Additional Locations



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1940 North Monroe Street
Tallahassee, FL 32399-0783
Customer Contact Center: 850.487.1395
FAX: 850.488.8040
www.MyFloridaLicense.com

CHECK ACTION REQUESTED
Transaction Type: <input type="checkbox"/> Branch Office - \$85.00 per location <input type="checkbox"/> School Location - \$50.00 per location
Is this transaction an: <input type="checkbox"/> Initial Application? <input type="checkbox"/> Renewal?

MAIN LOCATION INFORMATION
License Number:
Name of Organization
Trade Name

ADDITIONAL LOCATION INFORMATION		
Street Address		
City	State	Zip Code (+4 optional)
County		

ADDITIONAL LOCATION INFORMATION		
Street Address		
City	State	Zip Code (+4 optional)
County		

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

Broker/Permit Holder Sign Here: _____ Date: _____

ADDITIONAL LOCATION INFORMATION		
Street Address		
City	State	Zip Code (+4 optional)
County		

ADDITIONAL LOCATION INFORMATION		
Street Address		
City	State	Zip Code (+4 optional)
County		

ADDITIONAL LOCATION INFORMATION		
Street Address		
City	State	Zip Code (+4 optional)
County		

ADDITIONAL LOCATION INFORMATION		
Street Address		
City	State	Zip Code (+4 optional)
County		

ADDITIONAL LOCATION INFORMATION		
Street Address		
City	State	Zip Code (+4 optional)
County		

Attach additional sheets as necessary

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

Broker/Permit Holder Sign Here: _____ Date: _____