

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 (Forms 2050 & 0080 required)</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 – see F.S. 475.161</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>	
Print Broker/Owner Name: _____	
Associate Sign Here: _____	Date: _____
<small>*All Associate requested changes require signature</small>	