

DBPR RE-2065 – Request for Change of Status – Licensed or Certified Appraiser



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

1940 North Monroe Street  
Tallahassee, FL 32399-0750  
Customer Contact Center: 850.487.1395  
FAX: 850.488.8040  
[www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)

CHECK ACTION REQUESTED	
<b>Action Requested</b>	
<input type="checkbox"/> Request Activate License (Requires Firm Name and Physical Business Address) <input type="checkbox"/> Request Inactive License <input type="checkbox"/> Register or Change Firm or Business name and address (Licensed and Certified Appraisers) <input type="checkbox"/> Add additional Business or Firm Name and Address – No Fee	

Licensed or Certified Appraiser	
License or Certification Number	Appraiser's Designation <input type="checkbox"/> Certified Residential Appraiser <input type="checkbox"/> Certified General Appraiser <input type="checkbox"/> Licensed Appraiser
Appraiser's Name	Appraiser's Contact Information Telephone number: _____ E-mail address: _____

Business or Firm Name and Address			
Business or Firm Name			
Street Address			
City	State	Zip	
County	Country		
Business Phone Number	Business e-mail address		

Additional Business or Firm Name and Address – No Fee			
Business or Firm Name			
Street Address			
City	State	Zip	
County	Country		
Business Phone Number	Business e-mail address		

ATTEST STATEMENT	
<p><b>I affirm that I have provided the above information completely and truthfully to the best of my knowledge.</b></p> <p>Licensed or Certified Appraiser</p> <p>Sign Here: _____ Date: _____</p> <p><small>Required for all action requests</small></p>	