

DBPR RE-2070 – Request for School/Instructor 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 REQUESTED	
Action Requested	
<input type="checkbox"/> Permit to operate a real estate school - \$135.00	<input type="checkbox"/> Change permit holder – no charge
<input type="checkbox"/> Multiple permit - \$85.00	<input type="checkbox"/> Change of employer for instructor – no charge
<input type="checkbox"/> School Chief Administrator - \$85.00	<input type="checkbox"/> Change of employer for Chief Administrative Person – no charge
<input type="checkbox"/> Other (please specify) – no charge	

APPLICANT INFORMATION		
Real Estate License Number	School Permit Number	Instructor/Chief Administrator Permit Number
Applicant Name		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
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	
SCHOOL LOCATION ADDRESS		
School Name		
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	

SCHOOL AND INSTRUCTOR QUESTIONS										
<p>If requesting additional permits, are the additional permits necessary to the conduct of the business of a real estate school? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please note: Additional permits may not be used in a manner likely to be prejudicial to any person, licensee, or permit holder.</p> <p>If answer to above question is yes, state fully.</p>										
COURSE/CURRICULA INFORMATION										
<p>Do you desire this permit in order to conduct a school? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, identify the courses that will be offered below:</p>										
<p>Real Estate</p> <table> <tbody> <tr> <td><input type="checkbox"/> Sales Associate Pre-license</td> <td><input type="checkbox"/> Instructor Continuing Education</td> </tr> <tr> <td><input type="checkbox"/> Broker Pre-license</td> <td><input type="checkbox"/> Continuing Education – Classroom</td> </tr> <tr> <td><input type="checkbox"/> Sales Associate Post-license</td> <td><input type="checkbox"/> Continuing Education – Correspondence</td> </tr> <tr> <td><input type="checkbox"/> Broker Post-license</td> <td><input type="checkbox"/> Core Law</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Escrow Management</td> </tr> </tbody> </table>	<input type="checkbox"/> Sales Associate Pre-license	<input type="checkbox"/> Instructor Continuing Education	<input type="checkbox"/> Broker Pre-license	<input type="checkbox"/> Continuing Education – Classroom	<input type="checkbox"/> Sales Associate Post-license	<input type="checkbox"/> Continuing Education – Correspondence	<input type="checkbox"/> Broker Post-license	<input type="checkbox"/> Core Law		<input type="checkbox"/> Escrow Management
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<input type="checkbox"/> Appraisal Continuing Education	<input type="checkbox"/> Appraisal Instructor Continuing Education									

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

Applicant Sign Here: _____ Date: _____