



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 <http://www.myflorida.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"/>	Salesperson	\$144.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Salesperson (Mutual Recognition)	\$144.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Broker	\$154.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Broker (Mutual Recognition)	\$154.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Registered Assistant Appraiser	\$269.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1, 2060
<input type="checkbox"/>	Licensed Appraiser	\$369.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Certified Residential Appraiser	\$369.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Certified General Appraiser	\$369.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Non-Resident Temporary Appraisal Practice Permit	\$50.00	0010-2, 0030, 2000-1, 2020-1
<input type="checkbox"/>	Instructor – Real Estate	\$144.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1, 2030-1



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Check Action Requested (Continued)	License Type	Application Fee	Required Forms (By Form Number)
<input type="checkbox"/>	Instructor – Residential Appraisal	\$144.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1, 2040-1
<input type="checkbox"/>	Instructor – General Appraisal	\$144.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1, 2040-1
<input type="checkbox"/>	School Chief Administrator	\$85.00	0010-2, 0030, 2000-1, 2070-1
<input type="checkbox"/>	New Corporations	\$95.00	0020-1, 0030, 0040-1, 2000-1, 2050, 2100-1 (Optional)
<input type="checkbox"/>	New Branch Office	\$85.00	0020-1, 2000-1, 2100-1
<input type="checkbox"/>	New School	\$135.00	0020-1, 0030, 0040-1, 2000-1, 2070-1
<input type="checkbox"/>	School Additional Location	\$50.00	0020-1, 2000-1, 2100-1
<input type="checkbox"/>	Corporate Amendment	Please call for appropriate fee(s)	0020-1, 0030, 0040-1, 2000-1, 2050
<input type="checkbox"/>	Sole Proprietor	Please call for appropriate fee(s)	0030, 0080-1, 2000-1, 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 - Central Intake** and use the address listed on this form.

DBPR 0020-1 – Master Organization Application



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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.



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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



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CHECK ACTION REQUESTED
Transaction Type: <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 <input type="checkbox"/> Change Broker/Owner Employer – no charge <input type="checkbox"/> Terminate Employee – no charge <input type="checkbox"/> Add/Delete PA - \$30.00 fee required <input type="checkbox"/> Request for Multiple License - \$95.00

SALESPERSON INFORMATION
License Number
Applicant Name

BROKER OR CORPORATION INFORMATION	
Broker License Number	Corporation/Partnership License Number
Broker or Corporation Name	
Trade Name (if applicable)	
Are you now or with the issuance of this license an officer or director of any corporation or partnership 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 EMPLOYING BROKER (EXCEPT FOR ADD/DELETE PA - 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.
Sign Here: _____ Date: _____



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CHECK ACTION REQUESTED
Transaction Type: <input type="checkbox"/> Branch Office - \$85.00 per location <input type="checkbox"/> School Location - \$50.00 per location <input type="checkbox"/> Register a business address for a licensed/certified appraiser – no charge
Is this transaction an: <input type="checkbox"/> Initial Application? <input type="checkbox"/> Renewal?

ORGANIZATION INFORMATION	
License Number:	Application Date: / /
Name of Organization	
Trade Name	

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

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

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

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

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

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

Attach additional sheets as necessary



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APPLICANT INFORMATION	
Applicant Name: _____	Social Security Number: _____
License Applying For: _____	Application type (Check one):
Telephone Number: _____	Exam <input type="checkbox"/> Initial License <input type="checkbox"/>

ATTEST STATEMENT
I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.
I have successfully completed the education required, if any, for the level of licensure, registration, or certification sought.
I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.
I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.
I understand the types of misconduct for which disciplinary proceedings may be initiated.
Signature: _____
NOTARIZATION
The foregoing application was sworn to and subscribed before me this ____ Day of _____ 20 ____
by _____, _____
Type or print name of applicant Signature of applicant
who is personally known to me or who has produced the following as identification.

Type of identification
Signature of person taking acknowledgement Notary Seal (Rubber Stamp and Expiration)

*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.