

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CHECK ACTION REQUESTED					
Transaction Type: □ Become Active – no charge □ Become Inactive (Brokers only) – no charge □ Add/Delete Trade Name – no charge □ Become Sole Proprietor – no charge □ Change Broker/Owner Employer – no charge □ Terminate Employee – no charge □ Add/Delete PA - \$30.00 fee required □ Request for Multiple License - \$95.00					
SALESPERSON INFORMATION					
License Number	THI ORMATION				
Applicant Name					
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 o	fficer or director of any corporation or partnership				
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 No					
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:				

DBPR 0080-1 – Request for Address or Name Change



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SELECT TRANSACTION TYPE				
Transaction Type: ☐ Name Change (individual) ☐ Name Change (business) ☐ Change Mailing Address	ma	Change Contact Information (phone and/or e-mail) Change Physical Address		
LICENSEE INFORMATION				
License Number				
Licensee Name (previous)				
Licensee Name (new)				
NEW MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)	Country			
NEW CONTACT INFORMATION				
Primary Phone Number Primary E-Mail Address				
NEW PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)	Countr	Country		
NEW ADDITIONAL CONTACT INFORMATION (OPTIONAL)				
Alternate Phone Number	Fax Number			
Alternate E-Mail Address				
I affirm that I have provided the above information completely and truthfully to the best of my knowledge.				

Licensee Sign Here:

_Date: _____