



STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND PROFESSIONAL  
 REGULATION

CHECK ACTION REQUESTED
<b>Transaction Type:</b> <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
<b>Is this transaction an:</b> <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		

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City	State	Zip Code (+4 optional)
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Attach additional sheets as necessary