

DBPR RE-2000 – Application Requirements



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 [www.MyFloridaLicense.com](http://www.MyFloridaLicense.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)                  |
|------------------------|--------------------------------------------------|-----------------|--------------------------------------------------|
| £                      | Sales Associate                                  | \$152.00        | 0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010       |
| £                      | Sales Associate (Mutual Recognition)             | \$152.00        | 0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010       |
| £                      | Broker                                           | \$162.00        | 0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010       |
| £                      | Broker (Mutual Recognition)                      | \$162.00        | 0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010       |
| £                      | Registered Trainee Appraiser                     | \$277.00        | 0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010, 2060 |
| £                      | Certified Residential Appraiser                  | \$377.00        | 0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010       |
| £                      | Certified General Appraiser                      | \$377.00        | 0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010       |
| £                      | Non-Resident Temporary Appraisal Practice Permit | \$50.00         | 0010-2, 0030-1, 2000, 2020                       |
| £                      | Instructor – Real Estate                         | \$152.00        | 0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010, 2030 |

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**Please submit this checklist with your application.**

| Check Action Requested (Continued) | License Type                        | Application Fee                    | Required Forms (By Form Number)                     |
|------------------------------------|-------------------------------------|------------------------------------|-----------------------------------------------------|
| £                                  | Instructor – Residential Appraisal  | \$152.00                           | 0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010, 2040    |
| £                                  | Instructor – General Appraisal      | \$152.00                           | 0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010, 2040    |
| £                                  | School Chief Administrator          | \$85.00                            | 0010-2, 0030-1, 2000, 2070                          |
| £                                  | New Corporations/ LLC/ Partnerships | \$95.00                            | 0020-1, 0030-1, 0040-1, 2000, 2050, 2100 (Optional) |
| £                                  | New Branch Office                   | \$85.00                            | 2000, 2100                                          |
| £                                  | New School                          | \$135.00                           | 0020-1, 0030-1, 0040-1, 2000, 2070                  |
| £                                  | School Additional Location          | \$50.00                            | 0020-1, 0030-1, 2000, 2100                          |
| £                                  | Corporate Amendment                 | Please call for appropriate fee(s) | 0020-1, 0030-1, 0040-1, 2000, 2050                  |
| £                                  | Sole Proprietor                     | Please call for appropriate fee(s) | 0080-1, 2000, 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



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
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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"/><br>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.

**DBPR 0040-1 – Officers and Directors**



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

**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.

| <b>ORGANIZATION NAME</b> |
|--------------------------|
| Name of Organization     |
| Trade Name               |

| <b>LIMITED LIABILITY CORPORATION QUESTIONS</b>                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.<br>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.                                                                                                                                                        |

| <b>MANAGEMENT INFORMATION</b> |                         |                                 |                                     |        |
|-------------------------------|-------------------------|---------------------------------|-------------------------------------|--------|
| 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                         |                                     |        |

| <b>MANAGEMENT INFORMATION</b> |                         |                                 |                                     |        |
|-------------------------------|-------------------------|---------------------------------|-------------------------------------|--------|
| 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



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](http://www.MyFloridaLicense.com)

| CHECK ACTION(S) REQUESTED |                                              |
|---------------------------|----------------------------------------------|
| <b>Transaction Type:</b>  |                                              |
| <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 or LLC - \$30.00 fee required  |
| <input type="checkbox"/>  | Request for Multiple License - \$95.00       |
| <input type="checkbox"/>  | Renew license                                |
| <input type="checkbox"/>  | Qualifying Broker (CQ package required)      |
| <input type="checkbox"/>  | Owner/Developer (Forms 2050 & 0080 required) |

| ASSOCIATE INFORMATION                                    |               |
|----------------------------------------------------------|---------------|
| License Number                                           | Licensee Name |
| Contact Information (telephone number or E-Mail address) |               |

| BROKER OR ORGANIZATION INFORMATION                                                                                                                                                                                    |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Broker License Number                                                                                                                                                                                                 | Organization License Number                        |
| Broker/Owner Name                                                                                                                                                                                                     |                                                    |
| Organization Name                                                                                                                                                                                                     |                                                    |
| Trade Name (if applicable)                                                                                                                                                                                            | Contact Info. (telephone number or E-Mail address) |
| Are you now or with the issuance of this license an officer, director, member, or partner of any corporation, partnership, or L.L.C. which acts as a broker? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                    |
| If yes, please list name of entity                                                                                                                                                                                    |                                                    |

| ATTEST STATEMENT                                                                                                                     |             |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>REQUIRES SIGNATURE OF BROKER AND ASSOCIATE*</b><br><b>(EXCEPT FOR ADD/DELETE PA OR LLC - WHICH MAY BE SIGNED BY THE LICENSEE)</b> |             |
| I affirm that I have provided the above information completely and truthfully to the best of my knowledge.                           |             |
| Broker/Owner Sign Here: _____                                                                                                        | Date: _____ |
| <small>*Bk Signature not req. for Assoc. inactive status or add/delete PA -LLC</small>                                               |             |
| Associate Sign Here: _____                                                                                                           | Date: _____ |
| <small>*All Associate requested changes require signature</small>                                                                    |             |

**DBPR RE-2100 – Application for Additional Locations**



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

1940 North Monroe Street  
Tallahassee, FL 32399-0783  
Customer Contact Center: (850) 487-1395  
[www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)

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

| MAIN LOCATION INFORMATION |
|---------------------------|
| License Number:           |
| Name of Organization      |
| Trade Name                |

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

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

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

Broker/Permit Holder/Certified Appraiser Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

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

Attach additional sheets as necessary

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

Broker/Permit Holder/Certified Appraiser Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
NOTE – This form must be submitted as part of an  
application packet

| 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<br>Notary Seal<br>(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.