



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

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  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	
<b>Transaction Type:</b>	
<input type="checkbox"/> Name Change (individual)	<input type="checkbox"/> Change Contact Information (phone and/or e-mail)
<input type="checkbox"/> Name Change (business)	<input type="checkbox"/> Change Physical Address
<input type="checkbox"/> Change Mailing 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)	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: \_\_\_\_\_