

IMPORTANT THINGS TO REMEMBER WHEN COMPLETING AN APPLICATION FOR REFUND

1. In the upper portion of the form, provide all information in the highlighted areas. Provide an application, file and/or license number if applicable. In the Reason for Claim section, indicate the reason for the refund, for example: overpayment of exam fees, duplicate payments, etc... *Failure to provide all required information may result in delay of payment.*
2. Print, - Sign, - and - Date - the application.
3. Mail the completed application to the address below that matches the area of licensure for which you are requesting a refund:

For Accountancy:

Division of Certified Public Accounting
240 NW 76 Drives, Suite A
Gainesville, Florida 32607

For Real Estate:

Division of Real Estate
400 W. Robinson Street, Suite N-801
Orlando, Florida 32801-1757

For all others:

Department of Business and Professional Regulations
2601 Blair Stone Road
Tallahassee, Florida (use the applicable **ZIP+4** Code from the chart below)

4. Allow 3 to 4 weeks from the time the application is received by DBPR for review and payment processing.

Profession/Division	ZIP+4 Code
Alcoholic Beverages and Tobacco	32399-1022
Architecture/Interior Design	32399-0771
Asbestos Licensing	32399-0767
Athlete Agents	32399-0767
Auctioneers	32399-0771
Barbers	32399-0790
Boxing Commission	32399-1016
Building Code Administrators & Inspectors	32399-0790
Child Labor	32399-2212
Community Association Managers	32399-0771
Condominiums, Timeshares & Mobile Homes	32399-1030

Profession/Division	ZIP+4 Code
Construction Industry	32399-1039
Cosmetology	32399-0790
Drug, Devices and Cosmetics	32399-1047
Electrical Contractors	32399-0751
Employee Leasing Companies	32399-0767
Florida Building Commission	32399-0772
Farm Labor	32399-2212
Geologists	32399-0767
Hotels and Restaurants	32399-1011
Home Inspectors	32399-2214
Labor Organizations	32399-2212
Landscape Architecture	32399-0751
Mold Related Services	32399-2214
Pari-Mutuel Wagering	32399-1037
Pilot Commissioners	32399-0790
Talent Agents	32399-0771
Veterinary Medicine	32399-0751

Important Note:

In order to process your refund, section 215.26, Florida Statutes, requires all requests for refunds be submitted within 3 years of the initial payment to the State of Florida.

Application for Refund



Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund, and that a State Warrant be drawn in the favor of:

Payee: _____ Amount: \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Claim: _____

Phone#: _____ Application, File or License#: _____

FOLD LINE

For Agency Use Only	
Object Code	Refund Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Certified true and correct this _____ day of _____, _____ X _____
Month Year Applicant Signature

DO NOT WRITE BELOW THIS LINE-DBPR PERSONNEL ONLY

ACCOUNT NAME	FLAIR ACCOUNT CODE	AUTHORIZED	STATUTE
<input type="checkbox"/> PRTF	79-50-2-547001-79050100-00-000100	_____	455.219
GENERAL REVENUE			
<input type="checkbox"/> PMW TAXES	79-74-1-000245-79100400-00-000300	_____	550.09
<input type="checkbox"/> OTP	79-74-1-000245-79400300-00-000320	_____	565.12
<input type="checkbox"/> OTP INTERNET TAXES	79-74-1-000245-79400300-00-000320	_____	210.276
TRUST FUNDS			
<input type="checkbox"/> FLORIDA BOXING COMM. FEES	79-50-2-547001-79050400-00-000100	_____	548.035
<input type="checkbox"/> FLORIDA BOXING COMM. LICENSES	79-50-2-547001-79050400-00-000200	_____	548.025
<input type="checkbox"/> FLORIDA BOXING COMM. TAXES	79-50-2-547001-79050400-00-000300	_____	548.06, 548.061
<input type="checkbox"/> FLORIDA BOXING COMM. MISC	79-50-2-547001-79050400-00-000400	_____	548.035
<input type="checkbox"/> FLORIDA BOXING COMM. FINES & BONDS	79-50-2-547001-79050400-00-001200	_____	548.014, 548.075
<input type="checkbox"/> CHILD AND FARM LABOR	79-50-2-547001-79050600-00-000100	_____	455
<input type="checkbox"/> PMW TF FEES	79-20-2-520001-79100400-00-000100	_____	550.09, 550.10
<input type="checkbox"/> PMW TF LICENSES	79-20-2-520001-79100400-00-000200	_____	550.09
<input type="checkbox"/> PMW TF TAXES	79-20-2-520001-79100400-00-000300	_____	550.09
<input type="checkbox"/> PMW TF MISC	79-20-2-520001-79100400-00-000400	_____	550.09
<input type="checkbox"/> PMW TF FEES	79-20-2-520001-79100400-00-001200	_____	550.09, 550.10
<input type="checkbox"/> SLOT COM/ADDICTIVE GAMBLING	79-20-2-520001-79100500-00-000130	_____	550.09, 550.10
<input type="checkbox"/> SLOT GENERAL OCC. LICENSE	79-20-2-520001-79100500-00-000132	_____	550.09
<input type="checkbox"/> SLOT BUSINESS OCC. LICENSE	79-20-2-520001-79100500-00-000133	_____	550.09
<input type="checkbox"/> SLOT PROFESSIONAL OCC. LICENSE	79-20-2-520001-79100500-00-000134	_____	550.09
<input type="checkbox"/> SLOT TAXES	79-20-2-520001-79100500-00-000335	_____	550.09, 550.10
<input type="checkbox"/> SLOT FINES	79-20-2-520001-79100500-00-001200	_____	550.09, 550.10
<input type="checkbox"/> SLOT MISCELLANEOUS REVENUE	79-20-2-520001-79100500-00-000400	_____	550
<input type="checkbox"/> H & R FEES	79-50-2-375001-79200100-00-000100	_____	509.251, 509.261, 509.3
<input type="checkbox"/> H & R LICENSES	79-50-2-375001-79200100-00-000200	_____	509.251, 509.261, 509.3
<input type="checkbox"/> H & R MISC	79-50-2-375001-79200100-00-000400	_____	509.251, 509.261, 399.0
<input type="checkbox"/> H & R FINES	79-50-2-375001-79200100-00-001200	_____	509.251, 509.261, 399.0
<input type="checkbox"/> DIV OF FLORIDA CONDOMINIUMS-FEES	79-50-2-289001-79800100-00-000100	_____	498.017
<input type="checkbox"/> DIV OF FLORIDA CONDOMINIUMS-LICENSE	79-50-2-289001-79800100-00-000200	_____	498.017
<input type="checkbox"/> DIV OF FLORIDA CONDOMINIUMS-MISC	79-50-2-289001-79800100-00-000400	_____	498.017
<input type="checkbox"/> DIV OF FLORIDA CONDOMINIUMS-FINES	79-50-2-289001-79800100-00-001200	_____	498.017
<input type="checkbox"/> AB&T FEES	79-20-2-022001-79400300-00-000100	_____	561.19, 563.564, 565.02
<input type="checkbox"/> AB&T LICENSE	79-20-2-022001-79400300-00-000200	_____	561.19, 563.564, 565.02
<input type="checkbox"/> AB&T TAXES	79-20-2-022001-79400300-00-000311	_____	561.12
<input type="checkbox"/> AB&T MISC	79-20-2-022001-79400300-00-000400	_____	561.19, 563.564, 565.02
<input type="checkbox"/> AB&T FINES	79-20-2-022001-79400300-00-001200	_____	561.19, 563.564, 565.02
<input type="checkbox"/> CIGARETTE TAX COLL.-TAXES.	79-74-2-086001-79400300-00-000312	_____	210.04
<input type="checkbox"/> CIGARETTE SURCHARGE	79-20-2-086001-79400300-00-000313	_____	210.011
<input type="checkbox"/> OTP SURCHARGE	79-20-2-086001-79400300-00-000319	_____	210.011

Validation #: _____ LicenseEase Year: _____ Organization Code: _____
mm/dd/yyyy

Certified true and correct this _____ day of _____, 20_____

Signature of Authorized Agency Person

Title