

State of Florida
Department of Business and Professional Regulation
Board of Architecture and Interior Design
Individual License Maintenance Form
Form # DBPR AR-ID 1

APPLICATION CHECKLIST - IMPORTANT - Submit all items on the checklist below with your application to ensure faster processing.

| TRANSACTION | APPLICATION REQUIREMENTS |
|---|--|
| Address Change | <input type="checkbox"/> Complete Sections I, II and IV. |
| Name Change | <input type="checkbox"/> Complete Sections I, III and IV. <input type="checkbox"/> Individuals must submit documentation supporting name change. See Section III of Instructions. |
| Renewal Request | <input type="checkbox"/> Complete Sections I and IV. <input type="checkbox"/> Submit the required fee. Make check payable to the Florida Department of Business and Professional Regulation. If the license is delinquent, submit an additional \$25. <ul style="list-style-type: none"> ○ Architects: \$100 ○ Interior Designers: \$75 |
| Change of License Status Set to Inactive (deactivation outside renewal cycle) | <input type="checkbox"/> Complete Sections I and IV. <input type="checkbox"/> Submit the \$50 fee. Make check payable to the Florida Department of Business and Professional Regulation. |

Please mail your completed application, documentation and required fee(s) to:
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

Application Instructions (by section)

- a. Section I - Transaction Type**
 - i. Check only the applicable transaction(s) you are seeking.
 - ii. If you are requesting renewal, select the transaction and sign the affirmation statement in Section IV.
 - iii. If you are requesting to place your license in an inactive status outside of the renewal cycle, select the transaction, submit the required fee, and sign the affirmation statement in Section IV.
- b. Section II - Address Change**
 - i. This transaction allows an individual to change their current mailing and/or physical address on file with the Department.
- c. Section III - Name Change**
 - i. This transaction allows an individual to change their registered name with the Department of Business and Professional Regulation.
 - ii. For an Individual Name Change: A change of name requires submitting supporting legal documentation of name change (e.g. marriage license, court documents showing name change, divorce decree, etc).
- d. Section IV - Affirmation by Written Declaration**
 - i. The applicant must read, sign, and date the affirmation by written declaration.
 - ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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For additional information see the Instructions at the beginning of this application.

Section I – Transaction Types

| CHECK ONLY ONE OF THE APPLICATION TYPES (Use multiple forms if more than one transaction is applicable) | |
|---|--|
| <input type="checkbox"/> Address Change – (Complete Section I, II and IV) [0201 or 0203/9006] | |
| <input type="checkbox"/> Name Change – (Complete Section I, III and IV) [0201 or 0203/9006] | |
| <input type="checkbox"/> Renewal Request – (Complete Sections I and IV) [0201 or 0203/2020] | |
| <input type="checkbox"/> Change of License Status – Set to Inactive – (Complete Sections I and IV) [0201 or 0203/4020] | |
| LICENSEE INFORMATION | |
| Name | License/Registration Number |
| <input type="checkbox"/> Architecture (0201) | <input type="checkbox"/> Registered Interior Designer (0203) |
| Telephone Number | Email |

Section II – Address Change

| NEW MAILING ADDRESS | | |
|---------------------|---------|----------|
| Street Address | | |
| | | |
| City | State | Zip Code |
| County | Country | |

Section III – Name Change

| NAME CHANGE INFORMATION |
|----------------------------|
| Individual Name (previous) |
| Individual Name (new) |

Section IV – Affirmation By Written Declaration

| AFFIRMATION BY WRITTEN DECLARATION | |
|--|------|
| I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license or removal of the registration from the state registry. | |
| Signature | Date |
| Print Name | |

