

State of Florida
Department of Business and Professional Regulation
Board of Architecture and Interior Design
Reinstatement of Null and Void License or Registration
Form # DBPR AR-ID 3

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

TRANSACTION	APPLICATION REQUIREMENTS
Reinstatement of Null and Void Architect License or Interior Designer Registration	<input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> Fees: \$475.00 (make check payable to the Department of Business and Professional Regulation). <input type="checkbox"/> Submit proof of completing continuing education.

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

General Instructions

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

To reinstate your null and void license or registration, you must provide proof of completing the following continuing education hours:

Architect’s Continuing Education Requirements

You must provide proof of completing **24 hours of continuing education** in the following categories:

Health, safety, and welfare related courses	22 hours
Advanced Florida Building Code courses	2 hours
Total	24 hours

Interior Designer’s Continuing Education Requirement

You must submit proof of completing **20 hours of continuing education** in the following categories:

Health, safety, and welfare related courses	14 hours
Advanced Florida Building Code courses	2 hours
Optional courses or health, safety, and welfare courses	4 hours
Total	20 hours

Visit the board’s web page at www.MyFloridaLicense.com > Our Businesses & Professions > Find a CE Course for a list of approved providers and courses.

Application Instructions

a. Section I - Application Type

- i. Indicate which license or registration type you are applying for. Check only one of the application types.
- ii. Provide your previous license or registration number.

b. Section II - Applicant Information

- i. Fill out each section completely.
- ii. In the Full Legal Name section, applicants must use the name as it appears on his or her Social Security card. Do not use nicknames or initials.
- iii. Applicants must furnish their current mailing address.
- iv. Applicant’s addresses are used only for Department purposes and will not be printed on the license or registration.

c. Section III - Explanation of Illness or Economic Hardship

Provide an explanation of illness or economic hardship that prevented renewal.

d. Section IV - Affirmation By Written Declaration

- i. Please read, sign and date the affirmation by written declaration.
- ii. If the applicant fails to sign and date the affirmation statement, the Department will not process the application.

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Section I – Application Type

CHECK ONLY ONE OF THE APPLICATION TYPES	
<input type="checkbox"/> Architecture [0201/1038]	<input type="checkbox"/> Interior Design [0203/1038]
PREVIOUS LICENSE OR REGISTRATION INFORMATION	
Previous License or Registration Number	

Section II – Applicant Information

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number		Primary E-Mail Address	

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section III – Explanation of Illness or Economic Hardship

EXPLANATION

Section IV – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>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.</p>	
Signature	Date
Print Name	