

State of Florida
Department of Business and Professional Regulation
Board of Architecture and Interior Design
Application for Architecture Reactivation
Form # DBPR AR 3

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

APPLICATION	APPLICATION REQUIREMENTS
Reactivation from an Inactive Status	<input type="checkbox"/> Submit the non-refundable fee of \$125.00. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Submit completed application. <input type="checkbox"/> Submit proof of 24 hours of 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

Continuing Education Requirements

To reactivate your inactive license, 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

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

a. Section I - Application Type

Check the box, Architect License Reactivation. Include your Architect License Number in the box provided.

b. Section II - Applicant Information

- i. Fill out each section completely.
- ii. In the Full Legal Name section provide your full legal name as it appears on your license. Do not use any nicknames or initials.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.

c. Section III - Architecture Services during Inactive Period

- i. Answer the question if you have practiced on an inactive license.
- ii. If you practiced on an inactive license, answer the question if you practiced under the direct supervision of a Florida licensed architect and provide their name, license number, signature, and seal imprint.

d. Section IV - Project List

Provide the client's name, address, project location, and completion date.

e. Section V - 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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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**.
For additional information see the Instructions at the beginning of this application.

Section I – Application Type

CHECK APPLICATION TYPE	
<input type="checkbox"/> Architect License Reactivation [0201/3020]	License Number

Section II – Applicant Information

APPLICANT INFORMATION			
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	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			
EMPLOYER INFORMATION			
Name of Employer			
License Number		Status of License	



Section III – Architecture Services during Inactive Period

ARCHITECTURE SERVICES
While in inactive status, did you practice architecture in Florida outside the control or responsible supervision of a Florida licensed architect? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

Section IV – Project List

PROJECT LIST		
1. Client's Name		
Street Address	State	Zip Code
Project Location		Date of Completion
2. Client's Name		
Street Address	State	Zip Code
Project Location		Date of Completion
3. Client's Name		
Street Address	State	Zip Code
Project Location		Date of Completion

Section V – 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.	
Signature	Date
Print Name	