

**State of Florida**  
**Department of Business and Professional Regulation**  
**Building Code Administrators and Inspectors Board**  
**Application to Reinstate Null and Void Certification**  
**Form # DBPR BCAIB 9**

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

| APPLICATION REQUIREMENTS  |
|---|
| <p><b>ALL Applicants must submit:</b></p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"><li>• \$125</li><li>• Make check payable to the Florida Department of Business and Professional Regulation.</li></ul> <p><input type="checkbox"/> Supporting Documentation:</p> <ul style="list-style-type: none"><li>• Proof of a minimum of 14 hours of current continuing education credit. Please visit <a href="http://www.myfloridalicense.com/DBPR/building-code-administrators-and-inspectors/">http://www.myfloridalicense.com/DBPR/building-code-administrators-and-inspectors/</a> to view information regarding continuing education.</li></ul> |

**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

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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 end of this application.**

**Section I – Applicant Personal Information**

| LICENSEE INFORMATION  |       |                          |                        |
|---|-------|--------------------------|------------------------|
| License Number:   |       | *Social Security Number: |                        |
| Last Name   | First | Middle                   | Suffix                 |
| MAILING ADDRESS   |       |                          |                        |
| <b>Do you wish to mark your address private, pursuant to Section 119.071(4), Florida Statutes?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO |       |                          |                        |
| 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  |       |                          |                        |

\* 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 – Affirmation by Written Declaration**

| <b>AFFIRMATION BY WRITTEN DECLARATION</b>  |       |
|--|-------|
| <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. <b>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.</b></p> |       |
| Signature:   | Date: |
| Print Name:  |       |

**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- Applicant Personal Information**

- i. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- ii. Provide the license number that you are applying to reinstate.
- iii. In the Full Legal Name section provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- iv. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- v. 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.
- vi. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.

**b. Section II- Explanation of Illness or Economic Hardship**

- i. Provide a statement that explains the illness or economic hardship.
- ii. Attach additional copies as necessary.

**c. Section III- Affirmation by Written Declaration**

- i. Each applicant must sign the affirmation by written declaration.