

State of Florida
Department of Business and Professional Regulation
Initial Military/Veteran Application for Professional Licensure
Form # DBPR MVL 003

General Information:

This application is for any individual that holds a valid license for the corresponding profession in another state, District of Columbia, any possession or territory of the United States, or any foreign jurisdiction; **and** is currently serving, or has formerly served, and received an honorable discharge, as an active duty member of the Armed Forces of the United States, or a spouse or surviving spouse, that was married to such member during a period of active duty.

Note: Fees are waived for all professions with the exception of the federally required \$80.00 National Registry fee for Certified General Appraiser and Certified Residential Appraiser applicants.

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

APPLICATION REQUIREMENTS

ALL license applicants must:

- Complete this entire application.
- Submit electronic fingerprints. See Section 1b of Instructions.
- Submit a certificate of licensure.
- Submit a copy of the statutes and/or rules from your jurisdiction that define the scope of work covered under your current license.
- Submit proof that you meet the military/spouse requirements as set forth in s. 455.02(3)(a)1, Florida Statutes.
 - Applicants **currently** serving as an active duty member of the United States Armed Forces must provide a copy of his/her military orders.
 - Applicants that **formerly** served as an active duty member of the United States Armed Forces must provide a DD-214 or NGB-22 as proof of honorable discharge.
 - Spouses of a current or former active duty member of the United States Armed Forces must provide **a copy of your marriage certificate to the military service member, demonstrating that you were married during a period of active duty, and one of the following:**
 - A copy of your spouse's military orders if spouse is currently serving
 - A copy of your spouse's DD-214 or NGB-22 if spouse formerly served
 - Surviving spouses of a former active duty member of the United States Armed Forces must provide **both of the following:**
 - A copy of your marriage certificate to the military service member, demonstrating that you were married during a period of active duty
 - A copy of your spouse's DD-1300

Certified General Appraiser and Certified Residential Appraiser applicants must also:

- Submit the National Registry fee in the amount of \$80.00 (make check payable to the Department of Business and Professional Regulation).

Registered Trainee Appraiser applicants must also:

- Submit evidence of completion of 100 hours of approved qualifying education courses in subjects related to real estate appraisal within 5 years of the date the application is received by the Department. See Rule 61J1-10.002, FAC. The 100 hours includes completion of the 15-hour National Uniform Standards of Professional Appraisal Practice course within 2 years of the date the application is received by the Department.

Note: Fees are waived for all professions with the exception of the federally required \$80.00 National Registry fee for Certified General Appraiser and Certified Residential Appraiser applicants.

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

1. General Requirements for Licensure

- a. This form is required if you are applying for licensure based on holding a valid license for the profession in another state, District of Columbia, any possession or territory of the United States, or any foreign jurisdiction **and** you are or were an active duty member of the Armed Forces of the United States, or a spouse or surviving spouse of such member.
 - i. You may be issued a Florida license only if the scope of work covered under your existing professional license is covered under the scope of work for the license you are seeking to acquire.
- b. **ELECTRONIC FINGERPRINTING:**
 - i. All applications for initial licensure or changes of status are required to have a criminal background check performed by the Florida Department of Law Enforcement and Federal Bureau of Investigation. The Department of Business and Professional Regulation only accepts electronic fingerprinting service offered by Livescan device vendors approved by the Florida Department of Law Enforcement and listed at their site. You can view the vendor options and contact information at Livescan Device Vendors List. Fingerprint results are valid for 12 months from the date of submission.
 - ii. If you are located outside of the state of Florida, or if you have any questions regarding the electronic fingerprinting process, please view the Electronic Fingerprinting FAQ.
- c. **INSURANCE/BONDING:**
 - i. If applicable, applicant must comply with all insurance and/or bonding requirements as required by the Florida laws and rules governing the license sought.
- d. It is your responsibility to become aware of all of the Florida laws, rules, and regulations governing your particular professional license. Obtaining a license by providing misleading or fraudulent information could lead to revocation and other disciplinary actions by the department.
- e. You will be held accountable for all the Florida laws, rules, and regulations governing this license from the day you begin to practice.

2. Application Instructions (by section)

- a. **Section I – Qualification for Licensure**
 - i. Select one option that correctly indicates your eligibility for licensure. Submit the supporting documentation requested in the option selected.
- b. **Section II – License Type**
 - i. Visit www.MyFloridaLicense.com to get information regarding the rules and regulations governing each profession and the scope of work covered under each license type.
 - ii. The profession names are in bold, with any applicable license types underneath.
- c. **Section III – 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. In the Full Legal Name section, applicants must use the name as it appears on his or her social security card. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
 - iii. Applicants must furnish at least one physical address – i.e., not a P.O. Box.
 - iv. Applicants must provide information on current or prior licenses held in Florida or any other state, the District of Columbia, any possession or territory of the United States or in any foreign jurisdiction.
- d. **Section IV(a) and (b) – Background Question and Explanation for Background Question**
 - i. If you answer “yes” to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If

you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.

- ii. If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.

- e. **Section V – Description of the scope of work covered under your current license**
 - i. Give a description of the work covered under your current license.
 - ii. You must submit documentation from your licensure state that defines the scope of work under your current license.
- f. **Section VI – Insurance and Bonding requirements – *Asbestos, Construction, Employee Leasing Companies, Electrical, Home Inspectors, Mold Related Services and Talent Agent applicants ONLY***
 - i. Applicant must certify that they have reviewed the insurance and bonding requirements for the license sought and have complied with such requirements.
- g. **Section VII – Affirmation by written declaration**
 - i. Applicant must sign the affirmation by written declaration.

Section I – Qualification for Licensure

METHOD OF QUALIFICATION (Select one option below.)
<input type="checkbox"/> I am currently serving on active duty in a branch of the United States Armed Forces. Submit a copy of your military orders.
<input type="checkbox"/> I have served on active duty in a branch of the United States Armed Forces. Submit a copy of your DD-214 or NGB-22, as proof of honorable discharge.
<input type="checkbox"/> I am the spouse/surviving spouse of a former member of the United States Armed Forces who was married to the member during a period of active duty. Submit a copy of your marriage certificate to the military service member and a copy of your spouse's military orders, DD-214, NGB-22 or DD-1300, as proof of honorable discharge.
<input type="checkbox"/> I am the spouse of an active duty member of the United States Armed Forces. Submit a copy of your marriage certificate to the military service member and a copy of your spouse's military orders.

Section II – License Type

CHECK ONLY ONE LICENSE TYPE	
Accountancy	
<input type="checkbox"/> Certified Public Accountant [0101/1028]	
Architecture and Interior Design	
<input type="checkbox"/> Architect [0201/1028]	<input type="checkbox"/> Interior Designer [0203/1028]
Asbestos	
<input type="checkbox"/> Asbestos Consultant [5901/1028]	<input type="checkbox"/> Asbestos Contractor [5902/1028]
Athlete Agents	
<input type="checkbox"/> Athlete Agent [6001/1028]	
Auctioneers	
<input type="checkbox"/> Auctioneer [4802/1028]	<input type="checkbox"/> Auctioneer Apprentice [4801/1028]
Barbers	
<input type="checkbox"/> Barber [0301/1028]	<input type="checkbox"/> Restricted Barber [0302/1028]
Building Code Administrators and Inspectors	
<input type="checkbox"/> Building Code Administrator [5003/1028]	<input type="checkbox"/> Residential Plans Examiner [5020/1028]
<input type="checkbox"/> Commercial Pool Inspector [5018/1028]	<input type="checkbox"/> Plans Examiner [5002/1028]
<input type="checkbox"/> Inspector [5001/1028]	<input type="checkbox"/> Residential Pool Inspector [5024/1028]
<input type="checkbox"/> Modular Inspector [5021/1028]	<input type="checkbox"/> Roofing Inspector [5023/1028]
<input type="checkbox"/> Modular Plans Examiner [5022/1028]	
Community Association Managers	
<input type="checkbox"/> Community Association Manager [3801/1028]	
Construction	
<input type="checkbox"/> Certified Building [0602/1028]	<input type="checkbox"/> Certified Specialty: Marine [0612/1028]
<input type="checkbox"/> Certified Class A Air-Conditioning [0601/1028]	<input type="checkbox"/> Certified Specialty: Residential Pool/Spa Servicing [0612/1028]
<input type="checkbox"/> Certified Class B Air-Conditioning [0601/1028]	<input type="checkbox"/> Certified Specialty: Solar Water Heating [0612/1028]
<input type="checkbox"/> Certified Commercial Pool/Spa [0607/1028]	<input type="checkbox"/> Certified Specialty: Structure [0612/1028]
<input type="checkbox"/> Certified General [0605/1028]	<input type="checkbox"/> Certified Specialty: Swimming Pool Decking [0612/1028]
<input type="checkbox"/> Certified Mechanical [0606/1028]	<input type="checkbox"/> Certified Specialty: Swimming Pool Excavation [0612/1028]
<input type="checkbox"/> Certified Plumbing [0604/1028]	<input type="checkbox"/> Certified Specialty: Swimming Pool Finishes [0612/1028]
<input type="checkbox"/> Certified Pollutant Storage Systems [0613/1028]	<input type="checkbox"/> Certified Specialty: Swimming Pool Layout [0612/1028]
<input type="checkbox"/> Certified Residential [0608/1028]	<input type="checkbox"/> Certified Specialty: Swimming Pool Piping [0612/1028]
<input type="checkbox"/> Certified Residential Pool/Spa [0607/1028]	<input type="checkbox"/> Certified Specialty: Swimming Pool Structural [0612/1028]
<input type="checkbox"/> Certified Roofing [0603/1028]	<input type="checkbox"/> Certified Specialty: Swimming Pool Trim [0612/1028]
<input type="checkbox"/> Certified Sheet Metal [0609/1028]	<input type="checkbox"/> Certified Specialty: Tower [0612/1028]
<input type="checkbox"/> Certified Solar [0611/1028]	<input type="checkbox"/> Certified Swimming Pool/Spa Servicing [0607/1028]
<input type="checkbox"/> Certified Specialty: Building Demolition [0612/1028]	<input type="checkbox"/> Certified Underground Utility and Excavation [0610/1028]
<input type="checkbox"/> Certified Specialty: Dry Wall [0612/1028]	
<input type="checkbox"/> Certified Specialty: Gas Line [0612/1028]	
<input type="checkbox"/> Certified Specialty: Glass & Glazing [0612/1028]	
<input type="checkbox"/> Certified Specialty: Industrial Facilities [0612/1028]	
<input type="checkbox"/> Certified Specialty: Irrigation [0612/1028]	

Section II – License Type – continued

CHECK ONLY ONE LICENSE TYPE	
Cosmetology	
<input type="checkbox"/> Cosmetologist [0501/1028]	<input type="checkbox"/> Nail Specialist [0507/1028]
<input type="checkbox"/> Facial Specialist [0508/1028]	<input type="checkbox"/> Full Specialist [0509/1028]
Electrical and Alarm System	
<input type="checkbox"/> Certified Alarm System Contractor I [0802/1028]	<input type="checkbox"/> Certified Specialty Contractor – Residential [0804/1028]
<input type="checkbox"/> Certified Alarm System Contractor II [0803/1028]	<input type="checkbox"/> Certified Specialty Contractor – Sign [0804/1028]
<input type="checkbox"/> Certified Electrical Contractor [0801/1028]	<input type="checkbox"/> Certified Specialty Contractor – Utility Line [0804/1028]
<input type="checkbox"/> Certified Specialty Contractor – Limited Energy System [0804/1028]	<input type="checkbox"/> Two Way Radio Communication Systems Specialty [0804/1028]
<input type="checkbox"/> Certified Specialty Contractor – Lighting Maintenance [0804/1028]	
Employee Leasing Companies	
<input type="checkbox"/> Employee Leasing Company [6302/1028]	<input type="checkbox"/> Employee Leasing Company Group Leader [6306/1028]
<input type="checkbox"/> Employee Leasing Company Group Member [6304/1028]	<input type="checkbox"/> Controlling Person [6301/1028]
Geology	
<input type="checkbox"/> Professional Geologist [5301/1028]	
Home Inspectors	
<input type="checkbox"/> Home Inspector [0401/1028]	
Landscape Architecture	
<input type="checkbox"/> Landscape Architect [1301/1028]	<input type="checkbox"/> Landscape Architect – Temporary License [1303/1028]
Mold Related Services	
<input type="checkbox"/> Mold Assessor [0701/1028]	<input type="checkbox"/> Mold Remediator [0702/1028]
Real Estate	
<input type="checkbox"/> Real Estate Broker [2501/1026]	<input type="checkbox"/> Real Estate Sales Associate [2501/1028]
<input type="checkbox"/> Real Estate Instructor [2505/1028]	<input type="checkbox"/> Real Estate Broker Sales Associate [2501/1027]
Real Estate Appraisers	
<input type="checkbox"/> Certified General Appraiser [6404/1028]	<input type="checkbox"/> Residential Appraiser Instructor [6405/1028]
<input type="checkbox"/> Certified Residential Appraiser [6403/1028]	<input type="checkbox"/> Registered Trainee Appraiser [6401/1028]
<input type="checkbox"/> General Appraiser Instructor [6406/1028]	
Talent Agents	
<input type="checkbox"/> Talent Agency [4901/1028]	
Veterinary Medicine	
<input type="checkbox"/> Veterinarian [2601/1028]	

Section III – Applicant Personal Information

PERSONAL 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	
PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
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 & 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 & Professional Regulation to identify licensees for tax administration purposes.

PRIOR NAME INFORMATION			
Have you used, been known as, or been called by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

Section III – Applicant Personal Information – continued

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list them below (attach additional copies if necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

Section IV (a) – Background Question

BACKGROUND QUESTION		
<input type="checkbox"/> Yes (If yes, please complete Section IV (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0581, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

If you answered "YES" to the question above, please provide the full details of any criminal conviction, including the nature of any charges, outcomes, sentences, and/or conditions imposed; and the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending. Please complete Section IV (b) for your response. If you have more than two offenses to document in Section IV (b), attach additional copies as necessary.

Section IV (b) – Explanation(s) for Background Question

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section IV (b) – Explanation(s) for Background Question Continued

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section V – Description of the scope of work covered under your current license

SCOPE OF WORK
Please write a brief summary of the job duties (scope of work) your license allows you to perform in your state (jurisdiction):
In addition to the summary above, please indicate the specific statutory section(s) and or rule(s) from your jurisdiction that define the scope of work covered under your current license as summarized above (and submit a copy of those statutes/rules):

Section VI – Insurance and Bonding Requirements – Asbestos, Construction, Employee Leasing Companies, Electrical, Home Inspectors, Mold Related Services and Talent Agent applicants ONLY

INSURANCE AND BONDING REQUIREMENTS	
I certify that I have reviewed the insurance and bonding requirements as set forth in the Florida laws and rules governing the license sought, and I have complied with such requirements.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section VII – 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, FS. I understand that my signature on this application has the same legal effect as if made under 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.</p>	
Signature:	Date:
Print Name:	