

State of Florida
Department of Business and Professional Regulation
Division of Professions: Talent Agencies
Application for Owner or Operator Name or Address Change
Form # DBPR TA-4

APPLICATION CHECKLIST – IMPORTANT – Submit items on the checklist below with your application to ensure faster processing. Always keep a copy of your application and any supporting documents submitted to the Department.

APPLICATION REQUIREMENTS
<ul style="list-style-type: none"><input type="checkbox"/> Fees: No fee.<input type="checkbox"/> Completed form DBPR TA-4 Application for Owner or Operator Name or Address Change.<input type="checkbox"/> Supporting legal documentation of name change (e.g. court documents showing name change, marriage license, divorce decree, etc.)

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

This application is only used for updating an owner's name and residential address and / or the operators name and residential address. Any changes to the talent agency license must be made through the appropriate application.

1. Application Instructions (by section)

a. Section I- Individual's Information

- i. For each transaction you wish to complete, fill out the appropriate section completely.
- ii. Change of Name: Applicant must provide their changed name with supporting legal documentation showing the name change.
- iii. Change of Mailing Address: Applicant must provide their new mailing address.
- iv. Change of Contact Information: Applicant must provide their updated contact information.
- v. Change of Residence Address: Applicant must provide their new residential address if they have moved.

b. Section II- Affirmation by Written Declaration

- i. Please read and sign 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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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- Individual's Information

INDIVIDUAL'S INFORMATION		
Name (previous):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
*Name (new, if applicable):		
*NOTE: A change of name requires submitting supporting legal documentation of name change.		
NEW 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	
NEW RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)		Country

Section II – 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:	

