

State of Florida  
 Department of Business and Professional Regulation  
 Florida Real Estate Appraisal Board  
 Change Business/Firm Information Form  
 Form # DBPR FREAB 18

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

**Change Business Location Name Applicants must submit:**

- Complete the entire application.
- No fee is assessed for this transaction.

**Change Business Location Address Applicants must submit:**

- Complete the entire application.
- No fee is assessed for this transaction.

**Please mail your completed application, documentation and required fee(s) to:**

Department of Business and Professional Regulation  
 2601 Blair Stone Road  
 Tallahassee, FL 32399-0790

**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. Information**

- a) This form is to register or remove one or more additional business locations with the Department.
- b) You may not add and remove additional locations at the same time by using the same application. Please use separate forms if you wish to add and remove additional locations.

**2. Application Instructions by section**

**a) Section I – Application Type**

- i) Select only one application type.
- ii) Select Add Additional Business Location. You may add more than one additional business location using this application, but you may not add and remove using the same application.
- iii) Select Remove Additional Business Location. You may remove more than one additional business location using this application, but you may not add and remove using the same application.

**b) Section II – Appraiser Information**

- i) Enter the name of the Licensed or Certified appraiser.
- ii) Provide the license number of the Licensed or Certified appraiser.
- iii) Provide the license designation for the Licensed or Certified appraiser.
- iv) Provide a valid phone number and email address. 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 –Business Location Information**

- i) Enter the current name and address of the firm or business location.
- ii) Enter the updated/new name and address of the firm or business location.

**d) Section IV – Affirmation by Written Declaration**

- i) The certified or licensed appraiser must sign the affirmation by written declaration.

**State of Florida**  
**Department of Business and Professional Regulation**  
**Florida Real Estate Appraisal Board**  
**Change Business/Firm Information Form**  
**Form # DBPR FREAB 18**

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 Instructions at the beginning of this application.**

**Section I - Application Type**

CHECK ONE OF THE APPLICATION TYPES	
<input type="checkbox"/>	Change Business Location Name [9006]
<input type="checkbox"/>	Change Business Location Address [9006]

**Section II – Appraiser Information**

APPRAISER INFORMATION	
Licensed or Certified Appraiser Name:	
Licensed or Certified Appraiser License Number:	
Appraiser Designation:	
<input type="checkbox"/> Certified Residential Appraiser	<input type="checkbox"/> Certified General Appraiser
<input type="checkbox"/> Licensed Appraiser	
Phone Number	Email Address

**Section III – Business Location Information**

CURRENT BUSINESS LOCATION INFORMATION		
Business/Firm Name		
Street Address		
City	State	Zip Code (+4 optional)
County	Country	
NEW BUSINESS LOCATION INFORMATION		
Business/Firm Name		
Street Address		
City	State	Zip Code (+4 optional)
County	Country	

**Section III – Business Location Information (Attach additional copies as necessary) – continued**

CURRENT BUSINESS LOCATION INFORMATION		
Business/Firm Name		
Street Address		
City	State	Zip Code (+4 optional)
County	Country	
NEW BUSINESS LOCATION INFORMATION		
Business/Firm Name		
Street Address		
City	State	Zip Code (+4 optional)
County	Country	

CURRENT BUSINESS LOCATION INFORMATION		
Business/Firm Name		
Street Address		
City	State	Zip Code (+4 optional)
County	Country	
NEW BUSINESS LOCATION INFORMATION		
Business/Firm Name		
Street Address		
City	State	Zip Code (+4 optional)
County	Country	

**Section IV – Affirmation by Written Declaration (Note: All Applicants must complete this Section.)**

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. <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 of Licensed or Certified Appraiser:	Date:
Print Name	