

**State of Florida**  
**Department of Business and Professional Regulation**  
**Home Inspectors**  
**Change of Status Application**  
**Form # DBPR HI 0402**

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

| TRANSACTION            | APPLICATION REQUIREMENTS  |
|------------------------|---|
| <b>Set to Active</b>   | <input type="checkbox"/> Fee of \$200. Make check payable to the Florida Department of Business and Professional Regulation.<br><input type="checkbox"/> Complete Sections I-IV of the application, which includes attesting to compliance with the insurance requirements.<br><input type="checkbox"/> Submit credit for 14 hours of continuing education (if required). |
| <b>Set to Inactive</b> | <input type="checkbox"/> Fee of \$100. Make check payable to the Florida Department of Business and Professional Regulation.<br><input type="checkbox"/> Complete Sections I, II and IV of the application.   |

**Please mail your completed application, documentation and required fee(s) to:**  
 Department of Business and Professional Regulation  
 2601 Blair Stone Road  
 Tallahassee, Florida 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. Application Instructions (by Section)**

**a. Section I- Application Type**

- i. **Set to Active:** This transaction is used to request that the license be reactivated.
- ii. **Set to Inactive:** This transaction is used to request that the license be deactivated.

**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. Please provide license number.
- 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- Proof of Insurance**

- i. If you are applying for an "active status" license, you must have at least the minimum amount of insurance required, which is \$300,000 general liability.

**d. Section IV - 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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**For additional information see the Instructions at the beginning of this application.**

**Section I – Application Type**

| APPLICATION TYPES   |   |
|---|---|
| <input type="checkbox"/> Set to Active <b>(0401/3020)</b> | <input type="checkbox"/> Set to Inactive <b>(0401/4020)</b> |

**Section II – Licensee Information**

| LICENSEE INFORMATION  |       |                         |                        |
|---|-------|-------------------------|------------------------|
| Last/Surname  | First | Middle                  | Suffix                 |
| License Number  |       | Social Security Number* |                        |
| MAILING ADDRESS   |       |                         |                        |
| Street Address or P.O. Box  |       |                         |                        |
|   |       |                         |                        |
| City  |       | State                   | Zip Code (+4 optional) |
| County (if Florida address)   |       | Country                 |                        |
| CONTACT INFORMATION   |       |                         |                        |
| E-Mail Address  |       | Phone Number            |                        |
| Please be advised that an inactive license will prohibit you from acting as a licensed Inspector under any and all circumstances in this state. If you wish to return to active status, you must request reactivation, pay all applicable reactivation and renewal fees, and comply with all applicable license renewal requirements. An inactive license is required to complete all required continuing education requirements as a condition of license renewal. Any Inspector working on an inactive license is subject to disciplinary action. |       |                         |                        |

\* 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 – Proof of Insurance**

| INSURANCE  |
|--|
| <b>If the applicant has NOT obtained liability insurance at minimum requirements the applicant is only eligible for an Inactive license.</b> |
| Have you obtained commercial general liability insurance coverage in the amount required in 468.8322, Florida Statutes?                      |
| <b>Minimum amount required:</b><br>General liability - \$300,000   |
| Yes <input type="checkbox"/>   |

**Section IV – 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, 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:  |       |