

**State of Florida**  
**Department of Business and Professional Regulation**  
**Mold Related Services**  
**Change of Status Application**  
**Form # DBPR MRS 0702**

**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. <input type="checkbox"/> Complete Section I-IV of the application, which includes attesting to compliance with the insurance requirements. <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. <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, 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. 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- Licensee 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. A mold assessor is required to have \$1,000,000 general liability and \$1,000,000 Errors and Omissions for both preliminary and post-remediation mold assessment. A mold remediator is required to have \$1,000,000 of general liability insurance that includes specific coverage for mold-related claims.

**d. Section V- 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.

**State of Florida  
 Department of Business and Professional Regulation  
 Mold Related Services  
 Change of Status Application  
 Form # DBPR MRS 0702**

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 – Application Type**

APPLICATION TYPES (Check one)	
Set to Active:	Set to Inactive:
<input type="checkbox"/> Mold Assessor (0701/3020)	<input type="checkbox"/> Mold Assessor (0701/4020)
<input type="checkbox"/> Mold Remediator (0702/3020)	<input type="checkbox"/> Mold Remediator (0702/4020)

**Section II – Licensee Information**

LICENSEE INFORMATION			
Last/Surname	First	Middle	
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 Assessor or Remediator 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 Assessor or Remediator 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**

<b>INSURANCE</b>	
<b>If the applicant has NOT obtained liability insurance at minimum requirements the applicant is only eligible for an Inactive license.</b>	
<p><b>Mold Assessor:</b> Have you obtained general liability and errors and omission for preliminary and post remediation mold assessment insurance coverage in the amounts of:</p>	
<p><b>Minimum amounts required for:</b>                      General liability - \$1,000,000                      Errors and omission - \$1,000,000</p>	
<p>Yes <input type="checkbox"/></p>	
<p><b>Mold Remediator:</b> Have you obtained general liability including coverage for mold related claims in the amount of:</p>	
<p><b>Minimum amounts required for:</b>                      General liability - \$1,000,000</p>	
<p>Yes <input type="checkbox"/></p>	

**Section IV – 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:	