

**State of Florida
Department of Business and Professional Regulation
Florida Real Estate Commission
Application for School Permit
Form # DBPR RE 5**

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

ALL School Permit License Applicants must submit: [2506/1020]

Fee:

- \$104.00.
- Make check payable to the Florida Department of Business and Professional Regulation.

Please send your completed application, any additional documentation, and the required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

State of Florida
Department of Business and Professional Regulation
Florida Real Estate Commission
Application for School Permit [2506/1020]
Form # DBPR RE 5

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 end of this application.

Section I – Applicant Information (School Permit Holder)

APPLICANT INFORMATION			
Last/Surname	First	Middle	Suffix
Social Security Number*:		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			
Contact Name:			
Primary Phone Number:		Primary E-Mail Address:	
METHOD OF QUALIFICATION			
Qualified to hold school permit through:			
<input type="checkbox"/> Holding a license as a Florida Broker, either active or voluntarily inactive <input type="checkbox"/> Florida Broker License Number _____			
or			
<input type="checkbox"/> Passing the Instructors Exam <input type="checkbox"/> Instructor Permit Number _____			
Note: If permit holder is also teaching, the applicant must meet requirements of school instructor.			
SCHOOL INFORMATION			
Company Name:			
Doing Business As (D/B/A) Name (If applicable):			
Ownership: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> LLC <input type="checkbox"/> Other (please specify):			
School Name:			
Street Address			
City		State	Zip Code (+4 optional)
County		Country	
Phone Number		Email	

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653, 654, and 666(a); and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers must be recorded on all professional and

occupational license applications and will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.

Section II – 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. 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	

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) Requirements for a School Permit

- a) Applicant must be at least 18 years old.
- b) Applicant must possess a high school diploma or its equivalent.
- c) Applicant must possess a Social Security number.
- d) Applicant must be the holder of a license as a Florida Broker, either active or voluntarily inactive or must have passed an instructors examination approved by the commission.
- e) Applicant must meet the requirements of a school instructor if actively engaged in teaching.
 - i) See section 475.451(2)(b), Florida Statutes, for the qualification requirements of a school instructor.

2) Application Instructions by section**a) Section I- Applicant Information****i) Applicant information**

- (1) 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.
- (2) 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, aliases, or initials.
- (3) Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- (4) 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.

ii) Method of Qualification

- (1) Select only one of the qualification methods.
- (2) If you are qualifying for a school permit by holding a Florida Broker's license, either active or voluntary inactive, enter your broker license number.
- (3) If you are qualifying for a school permit by passing the instructor's exam, enter your instructor permit number.

iii) School Information

- (1) Complete this section entirely.
- (2) Provide the name of the school to be qualified as it is registered with the Florida Division of Corporations. If the school is a sole proprietorship, the company name is the name of the instructor or broker who is the sole proprietor.
- (3) The "Doing Business As" (D/B/A) name must be provided as it is registered with the Florida Division of Corporations, if the school uses a fictitious name to conduct business.
- (4) Ownership:
 - (a) If the school is the sole proprietorship, check the box labeled "Proprietorship" and enter the name of the instructor or broker who is the sole proprietor as the company name.
 - (b) If the school is a corporation, partnership, LLC, or LLP, check the appropriate box.
 - (c) If none of the above apply, check the "other" box and specify the type of ownership of the school.
- (5) Enter the school name.
- (6) Enter the street address of the school. This must be a physical location address. A post office box is not acceptable for the school location.
- (7) Provide a valid phone number and email address for the school. 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.

b) Section II – Affirmation by Written Declaration

- i) The applicant must sign the affirmation by written declaration.

2) Other Information

- a) Refunds

- i) Submitting this application and required fees implies your intent to pursue licensure. The department must receive your written request for a refund, per Section 215.26 (2), Florida Statutes, no more than 3 years after the right to a refund has accrued.
- ii) For more information on refunds, see also Rule 61J2-2.0261 of the Florida Administrative Code.