

State of Florida
Department of Business and Professional Regulation
Asbestos Licensing Unit
License Maintenance/Status Change Form
Form # DBPR ALU 3

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

TRANSACTION	APPLICATION REQUIREMENTS
Address Change	<input type="checkbox"/> Complete Sections I, II and IV.
Name Change	<input type="checkbox"/> Complete Sections I, III and IV. <input type="checkbox"/> Individuals must submit documentation supporting name change. See Section III of Instructions. <input type="checkbox"/> No fee for an individual name change <input type="checkbox"/> Pay \$200 Transfer Fee for a business name change. Make check payable to the Florida Department of Business and Professional Regulation.
Set License to Inactive	<input type="checkbox"/> Complete Sections I and IV of this form. <input type="checkbox"/> Pay \$100 Change of Status Fee if not within renewal period. Make check payable to the Department of Business and Professional Regulation.

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**.*

Application Instructions

- a. **Section I - Transaction Type**
 - i. Check only the applicable transaction(s) you are seeking.
 - ii. If you would like to set your license in an inactive status at a time other than during the renewal period, select the transaction type and sign the affirmation statement in section IV.
- b. **Section II – Address Change**
 - i. This transaction allows a business or individual to change their current mailing and/or physical address.
 - ii. Choosing this transaction will change the address on file with the Department but it will not issue an updated license with the new address information.
 - iii. There is no fee for an address change.
- c. **Section III – Name Change**
 - i. This transaction allows a business or individual to change their registered name with the Department of Business and Professional Regulation.
 - ii. **For a business name change:** The Division of Corporations Document Numbers for the current and new businesses must be the same for corporate name changes and adding fictitious names. For conversions from corporations to LLCs and conversions from LLCs

to corporations, the Certificate of Conversion must reflect the change. All other corporate changes require you to submit an application to transfer to a new business entity.

- iii. Check the box attesting that you have the required insurance in the new name.
- iv. For a business name change: submit a rider to the existing bond showing the new name.
- v. For an individual name change: a change of name requires submitting supporting legal documentation of name change (e.g. marriage license, court documents showing name change, divorce decree, etc).
- vii. There is no fee for an individual name change.
- viii. The Transfer Fee for a business name change is \$200. Make your check or money order payable to: Department of Business and Professional Regulation (DBPR).

d. **Section IV - Affirmation by Written Declaration**

- i. The applicant must 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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Section I – Transaction Types

CHECK ONLY ONE OF THE APPLICATION TYPES (Multiple transactions can be completed on this form)	
<input type="checkbox"/> Address Change (Complete Sections I, II and V) [9006]	
<input type="checkbox"/> Name Change – (Complete Sections I, III, and V) [8001]	
<input type="checkbox"/> Set License to Inactive – (Complete Sections I and V) [4020]	
APPLICATION TYPE	
<input type="checkbox"/> Individual License Number:	<input type="checkbox"/> Business License Number:
CONTACT INFORMATION	
Name:	Phone Number: () -
Email Address:	

Section II – Address Change

NEW PHYSICAL ADDRESS	
Street Address	
City	State
County	Country
NEW MAILING ADDRESS	
Street Address	
City	State
County	Country

Section III–Name Change**NAME CHANGE INFORMATION**

If this transaction is for changing the company's name: The Division of Corporations Document Numbers for the current and new businesses must be the same for corporate name changes and adding fictitious names. For conversions from corporations to LLCs and conversions from LLCs to corporations, the Certificate of Conversion must reflect the change. All other corporate changes require you to submit an application to transfer to a new business entity.

You must submit a rider to the existing bond showing the new name.

If this transaction is for changing a personal name, the individual must submit supporting legal documentation of the name change with this completed form (e.g. marriage license, court documents **showing name change, divorce decree, etc.**)

Company/Individual Name (previous)

Company/Individual Name (new)

Minimum amounts required for insurance:

Public Liability Insurance \$100,000/\$300,000 and
Property Damage Insurance \$100,000/\$300,000

Have you obtained public liability and property damage insurance in the amounts as specified above in the new name?

Yes No

Have you obtained, prior to contracting, workers' compensation or an appropriate exemption as provided in Section 440.05, Florida Statutes, and if not, do you attest that you will obtain an exemption within 30 days after your license is issued in new name?

Yes No

Section IV – 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: