

State of Florida  
 Department of Business and Professional Regulation  
 Board of Architecture and Interior Design  
 Application for Architecture Reactivation  
 Form # DBPR AR 3

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

APPLICATION	APPLICATION REQUIREMENTS
<b>Reactivation from an Inactive Status</b>	<input type="checkbox"/> Submit the non-refundable fee of \$150. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Submit completed application. <input type="checkbox"/> Submit proof of 24 hours of continuing education.

**Please mail your completed application, documentation and required fee(s) to:**  
 Department of Business and Professional Regulation  
 1940 North Monroe Street  
 Tallahassee, FL 32399-0783

**Continuing Education Requirements**

To reactivate your inactive license, you must provide proof of completing **24 hours of continuing education** in the following categories:

Health, safety, and welfare related courses	22 hours
Advanced Florida Building Code courses	2 hours
Total	24 hours

Visit the board's web page at [www.MyFloridaLicense.com](http://www.MyFloridaLicense.com) > Our Businesses & Professions for a list of approved providers and courses.

**a. Section I- Application Type**

Check the box, Architect License Reactivation. Include your Architect License Number in the box provided.

**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.
- 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-Architecture Services during Inactive Period**

- i. Answer the question if you have practiced on an inactive license.
- ii. If you practiced on an inactive license, answer the question if you practiced under the direct supervision of a Florida licensed architect and provide their name, license number, signature, and seal imprint.

**d. Section IV – Project List**

Provide the client's name, address, project location, and completion date.

**e. Section V-Affirmation by Written Declaration**

- i. Please read, sign and date the affirmation by written declaration.
- ii. If the applicant fails to sign and date the affirmation statement, the Department will not process the application.

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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**

CHECK APPLICATION TYPE	
<input type="checkbox"/> Architect License Reactivation [0201/3020]	License Number

**Section II – Applicant Information**

APPLICANT INFORMATION			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
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			
Primary Phone Number		Primary E-Mail Address	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			
EMPLOYER INFORMATION			
Name of Employer			
License Number		Status of License	

## Section III – Architecture Services during Inactive Period

ARCHITECTURE SERVICES	
Did you practice architecture in Florida while your license was inactive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, did you work under the direct supervision of a Florida licensed architect? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name, license number, signature and seal imprint of the Florida architect who supervised your work.	
Name of Supervisor	License Number
Signature of Supervisor	Imprinted Seal

## Section IV - Project List

PROJECT LIST		
1. Client's Name		
Street Address	State	Zip Code
Project Location		Date of Completion
2. Client's Name		
Street Address	State	Zip Code
Project Location		Date of Completion
3. Client's Name		
Street Address	State	Zip Code
Project Location		Date of Completion

## Section V – 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. <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>	
Signature	Date
Print Name	