

State of Florida
Department of Business and Professional Regulation
Florida Real Estate Appraisal Board
Appraiser Change of Status Form
Form # DBPR FREAB 16

TRANSACTION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your form to ensure faster processing.

TRANSACTION REQUIREMENTS
<p>ALL Applicants must submit:</p> <ul style="list-style-type: none"> • Set License to Inactive (No fee) • Set License to Active (No fee)

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 1940 North Monroe Street
 Tallahassee, FL 32299-0780

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. Select the transaction you wish to complete.
- ii. **Note:** Registered Trainee Change of Status form is FREAB 14 – DO NOT USE THIS FORM IF YOU ARE A REGISTERED TRAINEE.
- iii. **Set licence to inactive:** select this transaction to change your license status to inactive. This transaction will deactivate the license and end the relationship of that license to the original business/firm location and any additionally registered business/firm locations.
- iv. **Set licence to active:** select this transaction to activate your license. You must provide a business name, address, and contact information for your license to become reactivated.

b. Sections II – Licensee Information

- i. Fill out each section completely, as applicable.
- ii. Enter your name as it is shown on your current license.
- iii. Enter your license number and select the license type.
- iv. 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.
- v. Provide your mailing address.
- vi. If the mailing address is not also your physical address, please provide a physical address.
- vii. If you are setting your license to an active status, provide your business name and the address for the physical location of the business.
- viii. If you are setting your license to an active status, provide your business contact information.

c. Section III – 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 application will be deficient and unable to be approved.

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For additional information see the Instructions at the beginning of this application.

Section I – Application Type

TRANSACTION TYPES	
<input type="checkbox"/>	Set License to Inactive [4020]
<input type="checkbox"/>	Set License to Active from Inactive [3020]

Section II – Licensee Information

LICENSEE INFORMATION			
Last/Surname	First	Middle	Suffix
License Number:	<input type="checkbox"/> Certified General Appraiser	<input type="checkbox"/> Certified Residential Appraiser	<input type="checkbox"/> Licensed Appraiser
CONTACT INFORMATION			
Phone Number	E-Mail Address		
MAILING ADDRESS			
Street Address			
City	State	Zip Code (+4 optional)	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
BUSINESS LOCATION ADDRESS			
Business Name			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
BUSINESS CONTACT INFORMATION			
Phone Number	Fax Number		
E-Mail Address			

Section III – 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: