

**State of Florida
 Department of Business and Professional Regulation
 Mold Related Services
 Continuing Education Course Provider
 Form # DBPR MRS 0703**

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

APPLICATION	APPLICATION REQUIREMENTS
Education Provider	<input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> Pay \$125 Education Provider Approval Fee (make payment 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 32399-1046

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. General Requirements for Mold Related Services Continuing Education Provider Application**
 - a. All portions of the application must be completed.
 - b. Fee: \$125 Education Provider Approval Fee
- 2. Application Instructions (by section)**
 - a. **Section I**
 - i. Check only one of the Provider types.
 - b. **Sections II**
 - i. Fill out each section completely.
 - ii. Each applicant must provide their name, company or organization name, and their Social Security or federal id number.
 - c. **Section III**
 - 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.
- 3. Other Information**
 - a. Continuing education course providers shall not advertise as a provider until the provider application has been approved by the Department and a provider number has been assigned.
 - b. Providers should supply all students with a course completion certificate upon completion of the course.
 - c. Approved provider numbers should be used in all advertisements.
 - d. Any substantive changes regarding the provider’s application information must be filed with the Department within thirty days of the change.
 - e. Provider approval is valid until May 31 of odd-numbered years and must be renewed. Providers are responsible for renewing all courses prior to the course expiration date.
 - f. Providers must work with licensees to resolve reporting conflicts.

Refer to Rules 61-31.501 and 61-31.505, Florida Administrative Code, for additional information regarding provider and course requirements.

State of Florida
Department of Business and Professional Regulation
Mold Related Services
Continuing Education Course Provider
Form # DBPR MRS 0703

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 fees and additional information see the Instructions at the beginning of this application.

Section I – Application Type

CHECK ONE OF THE APPLICATION TYPES	
<input type="checkbox"/>	Education Provider- Individual [0705/1030]
<input type="checkbox"/>	Education Provider- Organization [0705/1030]

Section II – Applicant Information

APPLICANT INFORMATION <i>(Provider/Owner)</i>			
Last/Surname	First	Middle	Suffix
Company/Organization Name			
Social Security Number (if applying as an Individual)*			
Federal Employer ID Number (if applying as an Organization)			
GENERAL IDENTIFICATION			
Is Provider approved by any other board within the Department of Business and Professional Regulation to provide continuing education?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the provider approval number?			
MAILING ADDRESS			
Company Name			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
BUSINESS LOCATION ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		

Section II – Applicant Information- continued

CONTACT INFORMATION				
Last Name (Authorized Representative) First		Middle	Title	Suffix
Primary Phone Number		Primary E-Mail Address		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)				
Alternate Phone Number			Fax Number	
Alternate E-Mail Address				

* 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 – 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:	