

**INSTRUCTIONS FOR COMPLETING
ADDRESS OR NAME CHANGE APPLICATION
DBPR 0080-1**

Applications begin on page 2

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.

In filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all information requested is furnished. **Please type or print in ink.** Applicants are cautioned to read questions thoroughly.

Mail all forms, fees, and documentation to **Revenue Unit, 1940 North Monroe Street, Tallahassee, FL 32399.**

Select the appropriate transaction below and comply with the corresponding application requirements.

TRANSACTION	APPLICATION REQUIREMENTS
Address Change	<ul style="list-style-type: none"><input type="checkbox"/> Pay \$25 if requesting a new license (make check payable to the Department of Business and Professional Regulation) otherwise there is no charge. Address changes can also be done over web portal (http://www.state.fl.us/dbpr/cpa/index.shtml).<input type="checkbox"/> Complete DBPR 0080-1 – Request for Address or Name Change
Individual Name Change	<ul style="list-style-type: none"><input type="checkbox"/> Pay \$25 to have new license printed and \$7.50 for a new wall certificate (make check payable to the Department of Business and Professional Regulation)<input type="checkbox"/> Complete DBPR 0080-1 – Request for Address or Name Change<input type="checkbox"/> Submit marriage certificate or court order showing name change

DBPR 0080-1 – Request for Address or Name Change



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION

SELECT TRANSACTION TYPE	
Transaction Type:	
<input type="checkbox"/> Name Change (individual)	<input type="checkbox"/> Change Contact Information (phone and/or e-mail)
<input type="checkbox"/> Add/Delete Firm DBA (no charge)	<input type="checkbox"/> Change Physical Address
<input type="checkbox"/> Change Mailing Address	

LICENSEE INFORMATION		
License Number		
Licensee Name		
Licensee Name (new)		
NEW MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
NEW CONTACT INFORMATION		
Primary Phone Number	Primary E-Mail Address	
NEW PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
NEW ADDITIONAL CONTACT INFORMATION (OPTIONAL)		
Alternate Phone Number	Fax Number	
Alternate E-Mail Address		

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Licensee Sign Here: _____ Date: _____