**Florida Department of Education**

#### Richard Corcoran

#### Commissioner of Education

 Office of Educational Facilities 2019Application

 ***Please complete this form with the applicable information and email it to*** ***Sonja.Suber@FLDOE.org******.***

 ***NOTE: Fields designated with an \* are required fields.***

|  |  |  |  |
| --- | --- | --- | --- |
| **COURSE DATE(S)\*** |  | **COURSE NAME(S)\*** |  |
| **PREFIX \***  |  | **FIRST NAME\*** |  |
| **LAST NAME\*** |  |
| **EMPLOYER/ORGANIZATION\*** |  |
| **TITLE\*** |  |
| **ADDRESS\*** |  |
|  |
| **DAYTIME PHONE\*** |  |
| **E-MAIL\*** |  |
| **CONFIRM E-MAIL\*** |  |
| **Please provide your professional license number(s) or fire college student ID number to be used for entering CEUs in the DBPR or fire college database.\*** |
| **FL Licensed Architect** | **License #** |  |
| **FL Licensed Interior Designer** | **License #** |  |
| **FL Licensed Professional Engineer** | **License #** |  |
| **FL Licensed General Contractor**  | **License #** |  |
| **FL Licensed Building Contractor**  | **License #** |  |
| **FL Licensed Building Inspector** | **License #** |  |
| **FL Licensed Limited Building Inspector**  | **License #** |  |
| **FL Licensed Building Code Administrator**  | **License #** |  |
| **FL Licensed Plans Examiner** | **License #** |  |
| **FL Licensed Limited Plans Examiner** | **License #** |  |
| **FL State Fire College** | **Student ID#** |  |
| **Other** | **License(s) #** |  |
| **I do not hold any professional license(s).** |  | ***Check Box*** |