FLORIDA DEPARTMENT OF EDUCATION



Office of Educational Facilities 2024 Registration

Please complete this form with the applicable information and email it to Kristen.Griffin@FLDOE.org and Don. Whitehead@FLDOE.org

NOTE: Fields designated with an * are required fields.

COURSE DATE(S)*		COURSE	E NAME(S)*						
PREFIX (Mr., Ms., etc.)*		FIRST N	AME*						
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		ator	License #						
FL Licensed Plans Examiner			License #						
FL Licensed Limited Plans Examiner			License #						
FL State Fire College		Student ID#					 		
I do not hold any professional license(s). If yes, mark the box.									