

# FLORIDA DEPARTMENT OF EDUCATION

## Office of Educational Facilities Registration



Anastasios Kamoutsas  
Commissioner of Education

Please complete this form with the applicable information and email it to [Don.Whitehead@fldoe.org](mailto:Don.Whitehead@fldoe.org).

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

COURSE DATE(S)*		COURSE NAME(S)*	
PREFIX (Mr., Ms., etc.)*		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#		
I do not hold any professional license(s). If yes, mark the box.			<input type="checkbox"/>