# FLORIDA DEPARTMENT OF EDUCATION

Office of Educational Facilities Registration

Henry Mack, Ed.D.
Commissioner of Education

*Please complete this form with the applicable information and email it to 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. ☐ | | |