

FLORIDA DEPARTMENT OF EDUCATION

Office of Educational Facilities Registration



Paul O. Burns, Ed.D.
Interim 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.			<input type="checkbox"/>