

PLEASE DETACH APPLICATION AND MAIL TO THE ADDRESS PROVIDED.

Application For

**CLASS "A"**  
**PRIVATE INVESTIGATIVE**  
**AGENCY LICENSE**

**CLASS "B"**  
**SECURITY AGENCY LICENSE**

**CLASS "R"**  
**RECOVERY AGENCY LICENSE**



02/2014

Florida Department of Agriculture and Consumer Services

NOTICE TO APPLICANTS FOR LICENSES  
ISSUED PURSUANT TO CHAPTER 493, FLORIDA STATUTES  
MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS

Sections 493.6105, 493.6304, and 493.6406, Florida Statutes (F.S.), in conjunction with Section 119.071(5)(a)2, F.S., mandates that the Department of Agriculture and Consumer Services, Division of Licensing, obtain Social Security numbers from applicants. Applicant Social Security numbers are maintained and used by the Division of Licensing for identification purposes, to prevent misidentification, and to facilitate the approval process by the Division. The Department of Agriculture and Consumer Services, Division of Licensing, will not disclose an applicant's Social Security number without consent of the applicant to anyone outside of the Department of Agriculture and Consumer Services, Division of Licensing, or as required by law. [See Chapter 119, F.S., 15 U.S.C. ss. 1681 et seq., 15 U.S.C. ss. 6801 et seq., 18 U.S.C. ss. 2721 et seq., Pub. L. No. 107-56 (USA Patriot Act of 2001), and Presidential Executive Order 13224.]

TO PREVENT UNNECESSARY DELAYS IN THE PROCESSING OF YOUR APPLICATION, ANSWER **ALL** QUESTIONS AND SUBMIT **ANY DOCUMENTATION NECESSARY** TO SUPPORT YOUR ELIGIBILITY.

## AGENCY APPLICATION ► PART ONE

### SECTION I AGENCY INFORMATION

1. FILL IN ONLY ONE circle to indicate whether you are applying for a Class "A" Private Investigative Agency license, a Class "B" Security Agency license, or a Class "R" Recovery Agency license. If you are applying for more than one class of agency license, a separate application is required for each.
2. If you intend to do business under a fictitious name or are applying as a corporation or limited liability company (LLC), call the Division of Licensing for tentative name approval prior to filing with the Florida Department of State, Division of Corporations, for your fictitious name and/or registration as a corporation or LLC. To help ensure the proposed agency name is not taken by another applicant, submit your application for an agency license to the Division of Licensing as soon as possible after tentative approval is obtained. Please note that tentative name approval DOES NOT constitute a reservation of that name. A proposed name is not added to Division records until the application is received.
3. To conduct business in Florida, you must provide a FLORIDA BUSINESS address, which will be considered your primary business location in this state. A P.O. Box or Mail Drop is not considered a business address. If you have a mailing address in addition to the business address, be sure to provide this information, as well.
4. Each agency and branch office is required to have at least one licensed manager for each location.
  - A Class "C" licensee may be designated as the manager of a Class "A" agency, in which case the Class "M" or "MA" license is not required.
  - A Class "D" licensee who has been so licensed for a minimum of two years may be designated as manager of a Class "B" agency or "BB" branch office, in which case the Class "MB" or "M" license is not required.
  - A Class "E" licensee may be designated as the manager of a Class "R" agency, in which case the Class "MR" license is not required.
- 5a. Specify whether the agency is a 1) sole proprietorship; 2) partnership; or 3) corporation/LLC.
- 5b. List the names and titles of the sole proprietor/partners/corporate officers/LLC managers.
- 6a. If you answer "yes" to this question, list all states, including Florida, where the business/agency is licensed, or was previously licensed, to perform similar activities. Provide inclusive dates and names under which the agency/business has operated.
- 6b. If you answer "yes" to this question provide on a separate sheet of paper complete details regarding the disciplinary action, including the state in which the action occurred, relevant dates, and circumstances.

# AGENCY APPLICATION ►

## PART TWO

Who completes Part Two?

*Sole Proprietorship* – Owner completes Part Two.

*Partnership* – Each partner must complete Part Two.

*Corporation/LLC* – If the structure is a corporation, the president, vice president, secretary, and treasurer must each complete part two. If the structure is a limited liability company (LLC), each manager must complete part two. If a manager of the LLC is a corporation, the president, vice president, secretary, and treasurer of that corporation must each complete part two. Four copies of Part Two are provided. Additional copies of the application may be downloaded from our website: [www.mylicensesite.com](http://www.mylicensesite.com).

### SECTION I APPLICANT INFORMATION

- Must be at least 18 years of age.
- Must be a citizen or legal resident alien of the United States or have been granted authority by the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS) to own and operate the type of agency for which you are applying.
- Must provide current RESIDENCE address. A P.O. Box is not considered a residence.

### SECTION II MILITARY HISTORY

Complete this section to indicate whether you have ever been court-martialed, fined, or disciplined under the Uniform Code of Military Justice (UCMJ) or service regulations. If you respond YES to the question in this section, provide a complete and accurate account of this matter on a separate sheet of paper and provide copies of all official military documents related to the incident(s).

### SECTION III CRIMINAL HISTORY

The Department will deny your application if you:

- have been convicted of a felony in any state or of a crime against the United States, which is designated as a felony, or convicted of an offense in any other state, territory, or country punishable by imprisonment for a term exceeding 1 year, unless and until Civil Rights have been restored and a period of 10 years has passed since final release from supervision [s.493.6118(4), F. S.]. Proof of restoration of Civil Rights must be submitted with this application. Questions regarding the procedure for applying for restoration of Civil Rights or restoration of Firearm Rights should be addressed to The Office of Executive Clemency; Florida Commission on Offender Review; 4070 Esplanade Way; Tallahassee, FL 32399-2450, Toll Free 1-800-435-8286; Phone (850) 488-2952.
- are currently serving a suspended sentence on a felony charge or on probation for a felony charge [s.493.6118(4), F. S.].

The Department may deny your application if you:

- have a history of being arrested for crimes of violence and/or found guilty of (or had adjudication withheld for) directly related crimes. This includes, but is not limited to: Trespassing, Breaking and Entering, Burglary, Robbery, Forgery, Criminal Mischief or Theft, Assault, Battery, Stalking, Aggravated Battery, Aggravated Assault, Sexual Battery, Kidnapping, Armed Robbery, Murder, Aggravated Stalking, Resisting an Officer with Violence [Section 493.6118(1)(c), Section 493.6118(1)(j), Section 493.6118(3), F.S.].
- have demonstrated a lack of respect for the laws of this state and the nation [Section 493.6118(3), F.S.].
- have an outstanding bench warrant or capias [Section 493.6118(3), F.S.].
- are currently in a Pre-Trial Intervention or Deferred Prosecution Program [Section 493.6118(3), F.S.].

***You must provide complete information about your arrest(s) and include certified copies of court dispositions. A determination of your eligibility cannot be made until all documentation is received and a complete criminal history record check has been completed. This process takes 1-3 months.***

### SECTION IV ALIAS INFORMATION

If you are known by any other name, be sure to include it in this section. This includes nicknames, married names, maiden names, a legal name change, alias names, fictitious names, etc.

SECTION V PERSONAL HISTORY

- a. If you have ever been adjudicated incapacitated (determined by the court to be incapable of taking care of yourself), you must provide a copy of the court document restoring your capacity.
- b. If you have ever been involuntarily placed in a treatment facility for the mentally ill under Chapter 394, F.S., or similar laws of another state, you must provide a copy of the court document restoring your competency.
- c. If you have ever been diagnosed with a mental illness, you must provide a statement from a psychologist or psychiatrist licensed in Florida attesting that you are not currently suffering from a mental illness that precludes you from performing duties regulated under Chapter 493, F.S.
- d. If you are currently abusing a controlled substance, you are not eligible for licensure.
- e. If you have a history of controlled substance abuse, you must provide evidence of successful completion of a substance abuse rehabilitation program and three letters of reference, one of which should be from your sponsor in the program.
- f. If you have a history of alcohol abuse, you must provide evidence of successful completion of an alcohol rehabilitation program and three letters of reference, one of which should be from your sponsor in the program.

SECTION VI TRAINING/EXPERIENCE

- a. If you answer “yes” to this question, list all states, including Florida, where you are licensed, or were previously licensed, to perform similar activities. Provide inclusive dates and names under which the agency/business has operated.
- b. If you answer “yes” to this question provide on a separate sheet of paper complete details regarding the disciplinary action, including the state in which the action occurred, relevant dates, and circumstances.

SECTION VII CERTIFICATION OF QUALIFIED EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Section 119.071, F.S., excludes from public disclosure specified information such as home addresses, telephone numbers, Social Security numbers, and photographs pertaining to certain individuals. To determine whether you qualify for an exemption, read the complete text of the law on line at <http://www.leg.state.fl.us/Statutes/>. IF YOU QUALIFY FOR EXEMPTION, answer this question to specify whether you want the statutorily exempt information to be kept from public disclosure. If you do NOT qualify for the exemption, leave it blank.

SECTION VIII CITIZENSHIP

If you are not a U.S. Citizen, you must submit proof of current employment authorization issued by the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS). A COPY of the front and back of one of the following USCIS forms is sufficient: I-551, I-766.

SECTION IX PERSONAL INQUIRY WAIVER AND NOTARIZATION STATEMENT

*Do not sign the application until you are in the presence of the Notary Public who will notarize your application.*

GENERAL INFORMATION

- You may not provide services regulated under Chapter 493, or advertise as providing such services, until your license is issued.
- An applicant or licensee is ineligible to re-apply for the same class of license for a minimum period of one year following final agency action of denial or revocation of a license. However, this time restriction shall not apply to administrative denials where the basis was either of the following:
  1. An inadvertent error or omission on the application or failure to submit required fees; or,
  2. The Department was unable to complete the criminal background investigation due to insufficient information from the Department of Law Enforcement, the Federal Bureau of Investigation, or any other applicable law enforcement agency.
- Class “B” applicants are required to submit proof of commercial general liability insurance coverage (form FDACS-16004) prior to issuance of the license. The insurance coverage must be maintained during the life of the license and must provide for a combined single limit policy in the amount of \$300,000. Coverage must insure for the liability of all employees licensed by the department while acting in the course of their employment.

NOTE: Proof of insurance is NOT required when the application is submitted, but upon approval of the application by the Division of Licensing. You will be notified in writing when the application is approved. The approval letter will inform you of any items required for your license to be issued.

Submit your application to the Department of Agriculture and Consumer Services, Division of Licensing, Regional Office nearest you - or mail it to the Department of Agriculture and Consumer Services, Division of Licensing, Post Office Box 5767, Tallahassee, Florida 32314-5767.

INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION

- COLOR PHOTOGRAPH (Refer to *Photograph Specifications* on following page.)
- FINGERPRINT SUBMISSION (Refer to *Fingerprint Submission Instructions* on following page.)
- FEES (paid by check or money order made payable to the Florida Department of Agriculture and Consumer Services.) Fees are nonrefundable and nontransferable.

Application Fee:	\$50	Sole Proprietor, Partner (each), Corporate Officer (each), LLC Manager (each)
<u>Fingerprint Processing Fee:</u>	<u>\$42</u>	Sole Proprietor, Partner (each), Corporate Officer (each), LLC Manager (each)
TOTAL FEES REQUIRED	\$92	

*The \$450 license fee is NOT required when you submit the application, but rather, upon approval of the application by the Division of Licensing.*

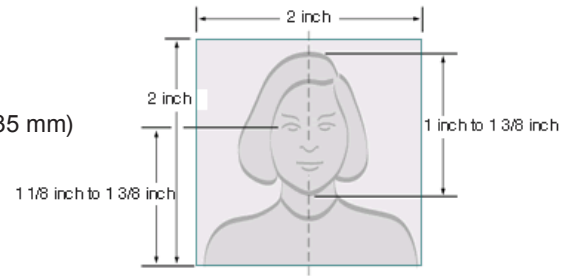
*If you are also submitting an application for another class of license under Chapter 493, F.S., at this time, submit only one set of fingerprints and a single fingerprint-processing fee. If you have submitted a set of fingerprints and a fingerprint-processing fee for a license under Chapter 493 within the past six months, no fingerprint submission or fingerprint-processing fee is necessary at this time.*

- If you are a permanent legal resident alien, you must submit a copy of your “green card” issued by the USCIS. If you are neither a U.S. citizen nor a permanent legal resident alien, you must submit documentation issued by the United States Citizenship and Immigration Services stating that you are lawfully in the United States and authorized to own and operate the type of agency for which you are applying. An employment authorization card issued by the United States Citizenship and Immigration Services is not sufficient documentation.

**PHOTOGRAPH SPECIFICATIONS**

Your photograph must be:

- In color, non-retouched.
- Printed on matte or glossy photo quality paper.
- 2 x 2 inches (51 x 51 mm) in size.
- Sized such that the head is between 1 inch and 1 3/8 inches (between 25 and 35 mm) from the bottom of the chin to the top of the head.
- Taken within the last 6 months to reflect your current appearance.
- Taken in front of a plain white or off-white background.
- Taken in full-face view directly facing the camera.
- With a neutral facial expression and both eyes open.
- Taken in clothing that you normally wear on a daily basis:
  - » Uniforms, clothing that looks like a uniform, and camouflage attire should not be worn in photos except in the case of religious attire that is worn daily.
  - » You may only wear a hat or head covering if you wear it daily for religious purposes. Your full face must be visible and your head covering cannot obscure your hairline or cast shadows on your face.
  - » Headphones, wireless hands-free devices or similar items are not acceptable in your photo.
  - » If you normally wear prescription glasses, a hearing device or similar articles, they may be worn for your photo. Glare on glasses is not acceptable in your photo.
  - » Dark glasses or non-prescription glasses with tinted lenses are not acceptable unless you need them for medical reasons (a medical certificate may be required).



**FINGERPRINT SUBMISSION INSTRUCTIONS**

You must submit a complete and legible set of fingerprints either on the FINGERPRINT CARD enclosed with this application package or by ELECTRONIC FINGERPRINT-SCAN. Your fingerprints can be taken at a participating law enforcement agency, by your employer, or by any business providing fingerprinting services.

**FOR INFORMATION REGARDING ELECTRONIC FINGERPRINT-SCAN**, visit our web page <http://mylicensesite.com>.

**IF SUBMITTING YOUR PRINTS ON THE ENCLOSED CARD**, read and follow these instructions carefully:

- Fingers should be washed and dried thoroughly prior to prints being taken.
- Fingerprints must be rolled using black printer’s ink.
- The information you provide on the card **MUST BE TYPED** or **PRINTED IN BLACK INK**. However, please note that some spaces at the top of the fingerprint card should be left blank.
- **DO NOT SIGN** the fingerprint card until you are in the presence of the person who will take your fingerprints. Your signature and the name on your application and fingerprint card should match.
  1. **NAM** – Full name in following order LAST, FIRST, MIDDLE. Initials are not acceptable. If you have no middle name, enter NMN for MIDDLE.
  2. **RESIDENCE OF PERSON FINGERPRINTED** – Your RESIDENCE address.
  3. **EMPLOYER AND ADDRESS** – If you are currently employed, provide the name of your employer.
  4. **ALIASES AKA** – If you are known, or have been known, by any other name (nickname, married name, maiden name, alias, fictitious name, etc.), list those name(s) here. Include with your application copies of any legal documents that reflect a change of name (marriage certificates, divorce decrees, court affidavits effecting a legal name change, etc.). NOTE: Failure to provide a list of your other names or to furnish documentation pertaining to a legal name change will result in delays in the processing of your application.
  5. **CITIZENSHIP CTZ** – Enter the country of which you are a citizen (U.S., Cuba, Canada, etc.)
  6. **ARMED FORCES NO. MNU** – Enter your military service number if you have one.
  7. **SOCIAL SECURITY NO. SOC** – Sections 493.6105, 493.6304, and 493.6406, Florida Statutes, in conjunction with section 119.071(5)(a) 2, Florida Statutes, mandates that the Department of Agriculture and Consumer Services, Division of Licensing obtain social security numbers from applicants. Applicant social security numbers are maintained and used by the Division of Licensing for identification purposes, to prevent misidentification, and to facilitate the approval process by the Division.
  8. **HGT** (height) – Use feet and inches (example: for 5’11” enter 511)
  9. **DATE OF BIRTH DOB** (mmddyy); **PLACE OF BIRTH POB**, **WGT** (weight) – Enter required information.
  10. You are not required to complete **YOUR NO. OCA** or **FBI NO. FBI** or **MISCELLANEOUS NO. MNU**.
  11. **SEX, RACE, EYES, and HAIR** - FBI codes are shown below. Use appropriate code for each required area on the card.

SEX	RACE		EYE COLOR		HAIR COLOR	
M = Male F = Female	W = White B = Black I = American Indian or Alaskan Native	A = Asian or Oriental U = Other or Unknown	BLK = Black BLU = Blue BRO = Brown	GRY = Gray GRN = Green HAZ = Hazel	BLK = Black BRO = Brown GRY = Gray RED = Red	WHI = White BAL = Bald BLN = Blonde

Your fingerprint card will not be processed if: (1) the required information is not contained within the designated blocks; (2) a highlighter is used; (3) the card has been folded, creased, or damaged.



Florida Department of Agriculture and Consumer Services
Division of Licensing

APPLICATION FOR
CLASS "A", "B", or "R" AGENCY LICENSE PART ONE

Chapter 493, Florida Statutes
Post Office Box 5767 Tallahassee, FL 32314-5767 (850) 245-5691
www.mylicensesite.com

NICOLE "NIKKI" FRIED
COMMISSIONER

FOR DIVISION OF LICENSING USE ONLY

TYPE OR PRINT USING BLACK INK

S M I T H 1 2 3

PLACE LETTER/NUMBER INSIDE EACH BOX AS SHOWN.

BEFORE YOU BEGIN, read the Application Instructions. TYPE or PRINT using black ink. To help avoid unnecessary delay in the processing of your application, be sure to answer all questions and submit any necessary documentation.

SECTION I AGENCY INFORMATION

1. FILL ONE. If you are applying for more than one class of agency license, a separate application is required for each.

- CLASS "A" PRIVATE INVESTIGATIVE AGENCY
CLASS "B" SECURITY AGENCY
CLASS "R" RECOVERY AGENCY

2a. PROPOSED AGENCY NAME

Grid for entering proposed agency name

2b. ALTERNATE AGENCY NAME

Grid for entering alternate agency name

3. STREET ADDRESS - MAIN LOCATION

Grid for entering main street address

STREET ADDRESS - MAIN LOCATION CONTINUED (SUITE, BUILDING, APT., ETC)

Grid for entering continued street address

Grid for entering city, state, zip code, and plus 4

MAILING ADDRESS IF DIFFERENT FROM ABOVE

Grid for entering mailing address

MAILING ADDRESS CONTINUED (SUITE, BUILDING, APT., ETC)

Grid for entering continued mailing address

Grid for entering city, state, zip code, and plus 4 for mailing address

Grid for entering agency phone number

Grid for entering fax number

Grid for entering emergency phone number

NUMBERS ONLY; NO DASHES OR PARENTHESES

E-MAIL ADDRESS

Grid for entering e-mail address



SECTION I AGENCY INFORMATION CONTINUED

4. MANAGER'S LAST NAME

25 vertical boxes for last name

FIRST NAME

20 vertical boxes for first name

MI

2 vertical boxes for MI

MANAGER'S LICENSE NUMBER

9 vertical boxes for license number

5a. BUSINESS STRUCTURE (COMPLETE ONE)

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION / LLC

5b. List the names and titles of the sole proprietor/partners/corporate officers/LLC members.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

6a. Is the agency/business currently licensed or has it been licensed to perform similar services in Florida or another state?

YES NO

If YES, please specify which state(s) and the period(s) of time during which you were licensed:

STATE: \_\_\_\_\_ PERIOD OF LICENSURE: \_\_\_\_\_

STATE: \_\_\_\_\_ PERIOD OF LICENSURE: \_\_\_\_\_

6b. Has the agency/business ever had a license or registration to offer or provide similar services revoked, suspended, or otherwise acted against (including probation, fine, reprimand, or surrender of license) in a disciplinary proceeding in Florida or another state?

YES NO

If YES, provide on a separate sheet of paper complete details regarding this action, including the state in which the action occurred, relevant dates, and circumstances.





SECTION II MILITARY HISTORY

Have you ever been fined, disciplined, or court-martialed under the Uniform Code of Military Justice or other service regulation?  YES  NO  
If YES, provide a complete and accurate account of this matter on a separate sheet of paper and provide copies of all official military documents related to the incident(s).

SECTION III CRIMINAL HISTORY

a. Are you currently on parole or probation or in a deferred prosecution program, a pre-trial intervention program, or another similar program; or are you currently serving another form of state or federal supervision?  YES  NO  
If YES, provide a certified copy of the court disposition for the relevant case(s).

b. Have you ever been convicted of, or had adjudication withheld on, a misdemeanor or felony? (Do not include non-criminal traffic violations.)  YES  NO  
If YES, in the space provided below, provide complete and accurate information regarding each arrest AND provide a certified copy of the court disposition for each case.

ARREST DATE \_\_\_\_\_ CHARGE(S) \_\_\_\_\_  
COUNTY \_\_\_\_\_  
STATE \_\_\_\_\_ DISPOSITION \_\_\_\_\_

ARREST DATE \_\_\_\_\_ CHARGE(S) \_\_\_\_\_  
COUNTY \_\_\_\_\_  
STATE \_\_\_\_\_ DISPOSITION \_\_\_\_\_

Use additional sheet of paper if necessary. Falsification of information provided or failure to provide certified copies of court dispositions may result in the denial of your application.

SECTION IV ALIAS INFORMATION

Have you ever been known by a name other than the name on page one of this application?  YES  NO  
(Includes maiden names, married names, fictitious names, legal name changes, etc.)  
If YES, in the space provided below, provide complete and accurate information regarding each name. Use additional sheet of paper if necessary.

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
NAME \_\_\_\_\_ NAME \_\_\_\_\_

SECTION V PERSONAL HISTORY

a. Have you ever been adjudicated incapacitated under Chapter 744, F.S., or similar law of another state?  YES  NO  
If YES, include with your application a certified copy of the court document restoring capacity.

b. Have you ever been involuntarily placed in a treatment facility for the mentally ill under Chapter 394, F.S., or similar law of another state?  YES  NO  
If YES, include with your application a certified copy of the court document restoring competency.

SECTION V PERSONAL HISTORY CONTINUED

- c. Have you ever been diagnosed with a mental illness?  YES  NO  
*If YES, include with your application a statement from a psychiatrist or psychologist licensed in Florida attesting that you are not currently suffering from an incapacitating mental illness that precludes you from performing regulated duties.*
- d. Do you currently abuse any controlled substance?  YES  NO  
*If YES, you are ineligible for licensure.*
- e. Do you have a history of controlled substance abuse?  YES  NO  
*If YES, include with your application evidence of successful completion of a substance abuse rehabilitation program and three letters of reference, one of which should be from your sponsor in the rehabilitation program.*
- f. Do you have a history of alcohol abuse?  YES  NO  
*If YES, include with your application evidence of successful completion of an alcohol abuse rehabilitation program and three letters of reference, one of which should be from your sponsor in the rehabilitation program.*

SECTION VI TRAINING/EXPERIENCE

- a. Have you previously been similarly licensed in Florida or another state?  YES  NO  
*If YES, please specify which state(s) and the period(s) of time during which you were licensed:*  
STATE: \_\_\_\_\_ PERIOD OF LICENSURE: \_\_\_\_\_  
STATE: \_\_\_\_\_ PERIOD OF LICENSURE: \_\_\_\_\_
- b. Have you ever had such license or registration revoked, suspended, or otherwise acted against (including probation, fine, reprimand, or surrender of license) in a disciplinary proceeding in Florida or another state?  YES  NO  
*If YES, provide on a separate sheet of paper complete details regarding this action, including the state in which the action occurred, relevant dates, and circumstances.*

SECTION VII CERTIFICATION OF QUALIFIED EXEMPTION FROM PUBLIC RECORD DISCLOSURE

I have read the instructions for Section VII. I hereby certify that I qualify for exemption under Chapter 119, Florida Statutes, and want to keep the specified information exempt from public record disclosure. **Leave blank if not applicable.**  YES  NO

SECTION VIII CITIZENSHIP

- a. Are you a citizen of the United States?  YES  NO  
*If YES, proceed to Section IX.*  
*If NO, you must answer question (b) below.*
- b. Are you deemed a lawful permanent resident alien by the United States Citizenship and Immigration Services (USCIS) or have you been authorized by the USCIS to own and operate the type of agency for which you are applying?  YES  NO  
*If YES, proceed to Section IX.*  
*If you are not a lawful permanent resident alien or you are not authorized by the USCIS to own and operate the type of agency for which you are applying, you are not eligible for licensure.*

**SECTION IX PERSONAL INQUIRY WAIVER AND NOTARIZATION STATEMENT**

*THIS APPLICATION IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION OF ANY PART OR ANY DOCUMENT SUBJECTS THE APPLICANT TO CRIMINAL PROSECUTION UNDER SECTION 837.06, FLORIDA STATUTES*

Do not sign the application until you are in the presence of the Notary Public who will notarize your application.

I certify that I understand that the Division of Licensing will conduct any investigation deemed necessary to ensure that I have met all statutory requirements for licensure. I understand that inquiry shall be made regarding my criminal history and that subsequent investigation may include my school records, employment history, financial records, any history of controlled substance or alcohol abuse, and my mental capacity.

I hereby waive any provision of law forbidding any school official, court, police agency, employer, firm or person from disclosing to the Division any knowledge or information concerning me, and I do certify that I give permission for such entity to disclose any information and to provide any record requested concerning me to the Division.

I also affirm that the information contained in this application and all attachments I have submitted to be true and correct to the best of my knowledge. I understand that falsification of any information or documentation submitted with this application may be grounds for denial or revocation of the license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing application was sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
PRINT Name of Applicant

\_\_\_\_\_  
NOTARY SIGNATURE

Personally Known       Produced Identification

\_\_\_\_\_  
PRINT, TYPE, OR STAMP NAME OF NOTARY

*Type of Identification Produced* \_\_\_\_\_

APPLICATION FOR CLASS "A", "B", or "R" AGENCY LICENSE ► PART TWO

FOR DIVISION OF LICENSING USE ONLY

TYPE OR PRINT USING BLACK INK
S M I T H 1 2 3
PLACE LETTER/NUMBER INSIDE EACH BOX AS SHOWN.

BEFORE YOU BEGIN, read the Application Instructions. TYPE or PRINT using black ink. To help avoid unnecessary delay in the processing of your application, be sure to answer all questions and submit any necessary documentation.

PART TWO MUST BE COMPLETED BY THE AGENCY'S SOLE PROPRIETOR OR EACH PARTNER OR EACH CORPORATE OFFICER (PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER), OR EACH LLC MEMBER

SECTION I APPLICANT INFORMATION

SOCIAL SECURITY NUMBER SEE APPLICATION INSTRUCTIONS ALIEN REGISTRATION NUMBER If you are an alien, you must also provide your 8- or 9-digit Alien Registration Number.

LAST NAME FIRST NAME MI

RESIDENCE ADDRESS

RESIDENCE ADDRESS CONTINUED (SUITE, BUILDING, APT., ETC)

CITY STATE ZIP CODE +4

MAILING ADDRESS IF DIFFERENT FROM ABOVE

MAILING ADDRESS CONTINUED (SUITE, BUILDING, APT., ETC)

CITY STATE ZIP CODE +4

SEX RACE EYE COLOR HAIR COLOR DATE OF BIRTH (MMDDYYYY) WEIGHT LBS HEIGHT FT IN

PLACE OF BIRTH (Include STATE OR PROVINCE --- AND COUNTRY)

HOME PHONE NUMBER (Numbers only; no dashes or parentheses.) WORK PHONE NUMBER (Numbers only; no dashes or parentheses.)

E-MAIL ADDRESS

SECTION II MILITARY HISTORY

Have you ever been fined, disciplined, or court-martialed under the Uniform Code of Military Justice or other service regulation?  YES  NO  
If YES, provide a complete and accurate account of this matter on a separate sheet of paper and provide copies of all official military documents related to the incident(s).

SECTION III CRIMINAL HISTORY

a. Are you currently on parole or probation or in a deferred prosecution program, a pre-trial intervention program, or another similar program; or are you currently serving another form of state or federal supervision?  YES  NO  
If YES, provide a certified copy of the court disposition for the relevant case(s).

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COUNTY \_\_\_\_\_  
STATE \_\_\_\_\_ DISPOSITION \_\_\_\_\_

ARREST DATE \_\_\_\_\_ CHARGE(S) \_\_\_\_\_  
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SECTION V PERSONAL HISTORY CONTINUED

- c. Have you ever been diagnosed with a mental illness?  YES  NO  
*If YES, include with your application a statement from a psychiatrist or psychologist licensed in Florida attesting that you are not currently suffering from an incapacitating mental illness that precludes you from performing regulated duties.*
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*If YES, you are ineligible for licensure.*
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STATE: \_\_\_\_\_ PERIOD OF LICENSURE: \_\_\_\_\_
- b. Have you ever had such license or registration revoked, suspended, or otherwise acted against (including probation, fine, reprimand, or surrender of license) in a disciplinary proceeding in Florida or another state?  YES  NO  
*If YES, provide on a separate sheet of paper complete details regarding this action, including the state in which the action occurred, relevant dates, and circumstances.*

SECTION VII CERTIFICATION OF QUALIFIED EXEMPTION FROM PUBLIC RECORD DISCLOSURE

I have read the instructions for Section VII. I hereby certify that I qualify for exemption under Chapter 119, Florida Statutes, and want to keep the specified information exempt from public record disclosure. **Leave blank if not applicable.**  YES  NO

SECTION VIII CITIZENSHIP

- a. Are you a citizen of the United States?  YES  NO  
*If YES, proceed to Section IX.*  
*If NO, you must answer question (b) below.*
- b. Are you deemed a lawful permanent resident alien by the United States Citizenship and Immigration Services (USCIS) or have you been authorized by the USCIS to own and operate the type of agency for which you are applying?  YES  NO  
*If YES, proceed to Section IX.*  
*If you are not a lawful permanent resident alien or you are not authorized by the USCIS to own and operate the type of agency for which you are applying, you are not eligible for licensure.*

**SECTION IX PERSONAL INQUIRY WAIVER AND NOTARIZATION STATEMENT**

*THIS APPLICATION IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION OF ANY PART OR ANY DOCUMENT SUBJECTS THE APPLICANT TO CRIMINAL PROSECUTION UNDER SECTION 837.06, FLORIDA STATUTES*

Do not sign the application until you are in the presence of the Notary Public who will notarize your application.

I certify that I understand that the Division of Licensing will conduct any investigation deemed necessary to ensure that I have met all statutory requirements for licensure. I understand that inquiry shall be made regarding my criminal history and that subsequent investigation may include my school records, employment history, financial records, any history of controlled substance or alcohol abuse, and my mental capacity.

I hereby waive any provision of law forbidding any school official, court, police agency, employer, firm or person from disclosing to the Division any knowledge or information concerning me, and I do certify that I give permission for such entity to disclose any information and to provide any record requested concerning me to the Division.

I also affirm that the information contained in this application and all attachments I have submitted to be true and correct to the best of my knowledge. I understand that falsification of any information or documentation submitted with this application may be grounds for denial or revocation of the license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing application was sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
PRINT Name of Applicant

\_\_\_\_\_  
NOTARY SIGNATURE

Personally Known       Produced Identification

\_\_\_\_\_  
PRINT, TYPE, OR STAMP NAME OF NOTARY

*Type of Identification Produced* \_\_\_\_\_



**APPLICATION FOR  
CLASS "A", "B", or "R" AGENCY LICENSE ► PART TWO**

FOR DIVISION OF LICENSING USE ONLY

TYPE OR PRINT USING BLACK INK

S	M	I	T	H	1	2	3
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PLACE LETTER/NUMBER INSIDE EACH BOX AS SHOWN.

**BEFORE YOU BEGIN, read the Application Instructions. TYPE or PRINT using black ink. To help avoid unnecessary delay in the processing of your application, be sure to answer all questions and submit any necessary documentation.**

**PART TWO MUST BE COMPLETED BY THE AGENCY'S SOLE PROPRIETOR OR EACH PARTNER  
OR EACH CORPORATE OFFICER (PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER), OR EACH LLC MEMBER**

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SOCIAL SECURITY NUMBER

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SEE APPLICATION INSTRUCTIONS

ALIEN REGISTRATION NUMBER

A							
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If you are an alien, you must also provide your 8- or 9-digit Alien Registration Number.

LAST NAME

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FIRST NAME

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MI

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RESIDENCE ADDRESS

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RESIDENCE ADDRESS *CONTINUED* (SUITE, BUILDING, APT., ETC)

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CITY

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STATE

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ZIP CODE

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MAILING ADDRESS IF DIFFERENT FROM ABOVE

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MAILING ADDRESS *CONTINUED* (SUITE, BUILDING, APT., ETC)

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CITY

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STATE

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ZIP CODE

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SEX RACE EYE COLOR

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HAIR COLOR

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DATE OF BIRTH (MMDDYYYY)

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WEIGHT

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LBS

HEIGHT

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FT

IN

PLACE OF BIRTH (Include STATE OR PROVINCE --- AND COUNTRY)

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HOME PHONE NUMBER (Numbers only; no dashes or parentheses.)

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E-MAIL ADDRESS

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SECTION II MILITARY HISTORY

Have you ever been fined, disciplined, or court-martialed under the Uniform Code of Military Justice or other service regulation?  YES  NO  
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RESIDENCE ADDRESS *CONTINUED* (SUITE, BUILDING, APT., ETC)

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CITY

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STATE

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ZIP CODE

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MAILING ADDRESS IF DIFFERENT FROM ABOVE

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SEX RACE EYE COLOR

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

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PRINT Name of Applicant

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Personally Known       Produced Identification

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PRINT, TYPE, OR STAMP NAME OF NOTARY

*Type of Identification Produced* \_\_\_\_\_