

FOR DIVISION OF LICENSING USE ONLY

Florida Department of Agriculture and Consumer Services Division of Licensing

APPLICATION FOR CLASS "AA", "BB", "AB" or "RR" BRANCH AGENCY LICENSE

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

TYPE OR PRINT USING BLACK INK

	S M I T H 1 2 3
	PLACE LETTER/NUMBER INSIDE EACH BOX AS SHOWN.
TYPE or PRINT using black ink. To help avoid unnecessary cand submit any necessary documentation.	delay in the processing of your application, be sure to answer all questions
SECTION I APPLICANT INFORMATION	
FILL ONE. If you are applying for more than one class of a	agency license, a separate application is required for each.
CLASS "AA" PRIVATE INVESTIGATIVE AGENCY BRANCH	CLASS "BB" SECURITY AGENCY BRANCH
CLASS "AB" PRIVATE INVESTIGATIVE AGENCY/SECURITY AGEN	NCY BRANCH CLASS "RR" RECOVERY AGENCY BRANCH
NAME OF MAIN AGENCY (AS SHOWN ON LICENSE OF PRINCIPAL L	OCATION)
MAIN AGENCY STREET ADDRESS	MAIN AGENCY PHONE NUMBER
STREET ADDRESS CONTINUED (SUITE, BUILDING, ETC)	NUMBERS ONLY, NO DASHES OR PARENTHESES
CITY	STATE ZIP CODE +4
BRANCH FICTITIOUS NAME (IF DIFFERENT FROM LICENSED NAME	E OF MAIN LOCATION)
BRANCH OFFICE STREET ADDRESS	BRANCH OFFICE PHONE NUMBER
BRANCH OFFICE STREET ADDRESS CONTINUED (SUITE, BUILDING, ET	TC) NUMBERS ONLY; NO DASHES OR PARENTHESES
CITY	STATE ZIP CODE +4
BRANCH OFFICE MAILING ADDRESS	
BRANCH OFFICE MAILING ADDRESS CONTINUED (SUITE, BUILDING, E	TC)
CITY	
	STATE
BRANCH OFFICE E-MAIL ADDRESS (MUST PROVIDE VALID EMAIL ADD	DRESS)





SECTION II	MANAGER INFORMATION
MANAGER'S LAST NAME	FIRST NAME MI
A minimum of one proper	MANAGER'S LICENSE NUMBER
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SECTION III PERSONAL INQUIRY WAIVER AND VERIFICATION 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	
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 give permission for such entity to disclose any information and to provide any record requested concerning me to the division.	
my knowledge. I under	ined in this application and all attachments I have submitted are true and correct to the best of restand that falsification of any information or documentation submitted with this application may be evocation of the license.
Under penalties of perj	ury, I declare that I have read the forgoing application and that the facts stated in it are true.
Signature of Applicant	 Date Signed

Remit \$175 (\$50 Application Fee; \$125 License Fee) by check or money order made payable to the Department of Agriculture and Consumer Services and send with your completed application to Post Office Box 5767; Tallahassee, Florida 32314-5767.