

PLEASE DETACH APPLICATION AND MAIL TO THE ADDRESS PROVIDED.

Application For

**CLASS “DS”
SECURITY OFFICER SCHOOL OR
TRAINING FACILITY LICENSE
and
CLASS “RS”
RECOVERY AGENT SCHOOL
OR TRAINING FACILITY LICENSE**



Rev. 05/2023

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.]

1. COMPLETION AND SUBMISSION OF THE APPLICATION

- a) Complete all sections of the application and sign (Must provide valid email address).
- b) Application Fee - \$50; License Fee - \$60 (TOTAL FEES REQUIRED - \$110 paid by check or money order made payable to the Florida Department of Agriculture and Consumer Services).
- c) Include any required supporting documentation (see #3 below).
- d) Submit application, fees and supporting documentation to the Division of Licensing; P.O. Box 5767; Tallahassee, FL 32314-5767.

2. GENERAL INFORMATION

- a) The license is valid only for the facility located at the physical address indicated on the application. If the facility relocates, the licensee shall submit notification to the division, in writing, within 10 days of such change, by providing updated information required by Rule 5N-1.134(2), F.A.C.
- b) The following educational facilities or institutions must submit an *application* but are **exempt from all other application requirements**:
 - Public educational facilities that are part of the State University System;
 - Public educational facilities that are operated by a Community College Board of Trustees under statutory authority and rules of the State Board of Education or by a district school board;
 - Area vocational schools.

Instructors who teach exclusively for any of the facilities indicated above are exempt from licensure.
- c) If you have questions regarding the completion of the application, call the division's Bureau of License Issuance at (850) 245-5691 or write to the Division of Licensing; P.O. Box 5767; Tallahassee, FL 32314-5767.

3. REQUIRED SUPPORTING DOCUMENTATION to be submitted by:

ALL CLASS "DS" LICENSE APPLICANTS or
CLASS "RS" LICENSE APPLICANTS providing standard classroom (face-to-face), or Internet-Based or Correspondence Training (Online), instruction.
See Paragraph 2.b) above for specified exemptions

- 1) A copy of the training curriculum to be offered by the school.
- 2) A copy of the final examination.
- 3) A copy of the proof of fictitious name filed with the Department of State, Division of Corporations.



Florida Department of Agriculture and Consumer Services

Division of Licensing
APPLICATION FOR

CLASS "DS" SECURITY OFFICER SCHOOL OR TRAINING FACILITY LICENSE
or CLASS "RS" RECOVERY AGENT SCHOOL OR TRAINING FACILITY LICENSE

Chapter 493, Florida Statutes

Rule 5N-1.134, Florida Administrative Code

Post Office Box 5767 • Tallahassee, FL 32314-5767 • (850) 245-5691

www.mylicensesite.com

WILTON SIMPSON
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 LICENSE INFORMATION (If applying for more than one school license, separate applications must be submitted.)

APPLYING FOR

Class "DS" License (select one):

- Tuition/Fee Charging
- Community College/Vocational
- Non Tuition/Non Fee Charging

"B", "BB", "AB" License Number (if applicable)

OR

APPLYING FOR

Class "RS" License (select one):

- Tuition/Fee Charging
- Community College/Vocational
- Non Tuition/Non Fee Charging

"R", "RR", License Number (if applicable)

METHOD of Instruction
(select ALL that apply):

- Face-to-Face
(standard classroom)
- Internet-Based/
Correspondence

SECTION II APPLICANT INFORMATION

NAME OF SCHOOL OR TRAINING FACILITY

PHONE NUMBER (NUMBERS ONLY)

E-MAIL ADDRESS (MUST PROVIDE VALID EMAIL ADDRESS)

SCHOOL/TRAINING FACILITY ADDRESS

SCHOOL/TRAINING FACILITY 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

_____ - _____

NAME OF PERSON COMPLETING THIS APPLICATION

PHONE NUMBER (NUMBERS ONLY)

TITLE

TRAINING START DATE (MMDDYYYY)



