Application For

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



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

2 3

 ON SIMPSON MISSIONER	Post Office Box 5767•Tallahassee, FL 32314-5767•(850) 245-5691 www.mylicensesite.com				
FOR DIVISIO	N 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.		
		tions. TYPE or PRINT using black ink. To help avoid unnecessary e to answer all questions and submit any necessary documentation.		
SECTION I LICENSE INFORMATION (If applyin	g for	more than one school license, separate applications must be submitted.)		
APPLYING FOR		APPLYING FOR		
Class "DS" License (select one):		Class "RS" License (select one): METHOD of Instruction		
☐ Tuition/Fee Charging		☐ Tuition/Fee Charging (select ALL that apply):		
Community College/Vocational	OR	Community College/Vocational Face-to-Face		
☐ Non Tuition/Non Fee Charging	011	□ Non Tuition/Non Fee Charging (standard classroom)		
		Internet-Based/ Correspondence		
"B", "BB", "AB" License Number (if applicable)		"R", "RR", License Number (if applicable)		
` ` ` ` ` `		Tt, Titt, Election (in applicable)		
SECTION II APPLICANT INFORMATION		DUONE NUMBER (
NAME OF SCHOOL OR TRAINING FACILITY	1 1	PHONE NUMBER (NUMBERS ONLY)		
E-MAIL ADDRESS (MUST PROVIDE VALID EMAIL ADDRESS)				
SCHOOL/TRAINING FACILITY ADDRESS				
SCHOOL/TRAINING FACILITY ADDRESS CONTINUED (SUI	TE RI	III DING APT ETC)		
CITY	1 1	STATE ZIP CODE +4		
MAILING ADDRESS IF DIFFERENT FROM ABOVE				
	ETO)			
MAILING ADDRESS CONTINUED (SUITE, BUILDING, APT.,	, ETC) 			
CITY		STATE ZIP CODE +4		
NAME OF REPORT COMPLETING THE APPLICATION		DUONE AUMOED (1997-2007)		
NAME OF PERSON COMPLETING THIS APPLICATION		PHONE NUMBER (NUMBERS ONLY)		
TITLE		TRAINING START DATE (MMDDYYYY)		
	1 1			



SECTION III SCHOOL STRUCTURE/OWNERSHIP INFORMATION				
The structure of the school ownership is (select one): Other (Specify)				
Sole Proprietorship Partnership Corporation				
PROVIDE THE NAMES AND TITLES OF OWNERS, PARTNERS, OFFICERS BELOW (use additional sheet of paper if necessary) NOTE: IF THE OWNER IS A SOLE PROPRIETORSHIP, SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER IS REQUIRED.				
SOCIAL SECURITY NUMBER ALIEN REGISTRATION NUMBER				
LAST NAME SEE APPLICATION INSTRUCTIONS A				
LAST NAME				
ADDRESS				
CITY STATE ZIP CODE +4				
TITLE				
LAST NAME FIRST NAME MI				
ADDRESS				
CITY STATE ZIP CODE +4				
TITLE				
LAST NAME FIRST NAME MI				
ADDRESS				
CITY STATE ZIP CODE +4				
TITLE				
SECTION IV AFFIRMATION				
I affirm that this school has adopted the curriculum as outlined in Rule 5N-1.140(1), Florida Administrative Code, and that all instructors utilized by this school, unless specifically exempted by rule, will be licensed as required by Rule 5N-1.138, Florida Administrative Code. I understand that falsification or misrepresentation of any document may subject me to criminal prosecution under Section 837.06, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.				
Signature of Applicant Date Signed				