PLEASE DETACH APPLICATION AND MAIL TO THE ADDRESS PROVIDED.

Application For

CLASS "C" PRIVATE INVESTIGATOR LICENSE

03/2026

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

Section 493.6105, 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.

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 to work in this country by the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).
- Must provide current residence and mailing address (if different). A P.O. Box is not considered a residence.
- Must provide valid email address.

SECTION II MILITARY HISTORY

If you have ever been court-martialed, fined, or disciplined under the Uniform Code of Military Justice (UCMJ) or service regulations, you must 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 by the State of Florida or by a state acceptable to Florida, and a period of 10 years has passed since final release from supervision. Proof of restoration of civil rights must be submitted with this application.
    1. If the felony conviction occurred within the State of Florida, your civil rights must be restored by the Florida Office of Executive Clemency. 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.
    2. Felony convictions occurring in another state require restoration of civil rights by the state in which the conviction occurred.
    3. If you were convicted of a felony under federal law, you must have a presidential pardon or have been granted federal relief from disabilities.
- are currently serving a suspended sentence on a felony charge or on probation for a felony charge.

The department may deny your application if you:

- have committed an act of violence or used force on any person except in the lawful protection of your self or another from physical harm.
- have been found guilty of or entered a plea of guilty or nolo contendere to, regardless of adjudication, or been convicted of a crime that directly relates to the business for which the license is held or sought. Directly related crimes include but are 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 or without violence.
- have demonstrated a lack of good moral character.
- have an outstanding warrant or capias.
- are currently in a pre-trial intervention or deferred prosecution program.

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 an incapacitating mental illness, you must provide a statement from a psychologist or psychiatrist licensed in Florida certifying that you are not currently suffering from a mental illness that precludes you from performing the duties of an unarmed private investigator.
d. If you have been committed for controlled substance abuse, you must provide evidence of successful completion of a substance abuse rehabilitation course and a letter from your course sponsor establishing that you are not currently abusing any controlled substance.
e. If you: (1) chronically and habitually use alcoholic beverages to the extent that your normal faculties are impaired; or, (2) have ever been committed by a court to an alcohol rehabilitation course; or, (3) have ever been deemed by a court to be a habitual offender; or, (4) have had two or more convictions for driving under the influence within three years prior to your submitting your application, you must provide evidence of successful completion of an alcohol rehabilitation course and a letter from your course sponsor establishing that you are not currently abusing any alcoholic beverages.

SECTION VI EXAMINATION

Unless otherwise exempt, an applicant for a Class “C” license must pass an examination covering the provisions of Chapter 493, F.S., prior to submitting their application to the division. For additional information, please read the document titled *QUESTIONS AND ANSWERS ABOUT THE EXAMINATION* included in this application package.

SECTION VII TRAINING/EXPERIENCE

In order to qualify for a Class “C” license, you must have two years of LAWFULLY GAINED, VERIFIABLE, FULL-TIME EXPERIENCE in one, or a combination of more than one, of the following categories. Please note that no more than one year of college coursework/training from Category 2 can be applied toward the two-year requirement.

1. Private investigative work or related fields of work that provide equivalent experience or training.
2. College course work related to criminal justice, criminology, or law enforcement administration, or successful completion of any law-enforcement-related training received from any federal, state, county, or municipal agency.
3. Employment as a Class “CC” intern. Internship is computed on a full-time, 40-hour workweek basis. Overtime hours worked beyond the 40-hour workweek cannot be used to reduce the two-year requirement.
4. Relevant military training or education received and completed during service in the United States Armed Forces as provided in Rule 5N-1.119, Florida Administrative Code.

SECTION VIII EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Section 493.6122, F.S., excludes from public disclosure the residence address and telephone number of any individual who holds a Class “C” private investigator license, unless the residence address and telephone number are the same as the business address and phone number.

Section 119.071, F.S., excludes from public disclosure specified information such as home addresses, telephone 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 IX 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 X SPONSORSHIP RECORD

Complete this section *ONLY* if you are using internship to qualify for the Class “C” license.

SECTION XI PERSONAL INQUIRY WAIVER AND VERIFICATION

Review the information contained in this section, and sign and date the application. Failure to provide required information and sign and date this section will be considered an omission from application requirements and may result in a delay of your application’s processing.

GENERAL INFORMATION

- A Class “C” licensee must own or work for a Class “A” private investigative agency or Class “AA” or “AB” branch office.
- You may begin work as an unarmed private investigator upon submission of your complete application provided that you submit a completed, notarized *Letter of Intent to Sponsor Private Investigator Intern* (Form FDACS-16026) with your application. If your application is deemed incomplete, a Notice of Errors or Omissions will be sent to you and to your employer. Your employment must be terminated until the problems outlined in the letter are resolved.
- An applicant or licensee is ineligible to reapply 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 experience documented by the department was insufficient at the time of application; or,
  3. 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.
- Firearms and Ammunition
  1. A Class “C” licensee 21 years of age or older who has also been issued a Class “G” statewide firearm license may carry, in the performance of her or his duties, a concealed firearm. The authority to carry a concealed firearm shall be valid throughout the state, in any location, while performing services within the scope of the license.
  2. Unless otherwise approved by the department, a Class “C” licensee who has been issued a Class “G” license may carry ONLY the following weapons: a .38 caliber revolver; a .380 caliber or .9mm semiautomatic pistol; a .357 caliber revolver with .38 caliber ammunition only; a .40 caliber handgun; or a .45 ACP handgun.
  3. A Class “C” licensee who has been issued a Class “G” license may carry no more than two (2) firearms upon her or his person when performing regulated duties. A licensee may only carry a firearm of the specific type and caliber with which she or he is qualified pursuant to the firearms training referenced in Section 493.6115(8), F. S.

Please detach and 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

- ☐ AFFIDAVIT OF EXPERIENCE (Form FDACS-16023)
- ☐ CERTIFICATE OF COMPLETION CONFIRMING PASSING SCORE ON EXAM (See Section VI for details.)
- ☐ PROOF OF TRAINING/DOCUMENTATION OF EXPERIENCE (See Section VII for details.)
- ☐ LETTER OF INTENT TO SPONSOR PRIVATE INVESTIGATOR INTERN, Form FDACS-16026. This form is required *ONLY* if you intend to work while your application is being processed.
- ☐ PROOF OF WORK AUTHORIZATION (If you are not a U.S. Citizen.)
- ☐ 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
License Fee:*	$75
Fingerprint Processing Fee:**	$42
Fingerprint Retention Fee**	$10.75
*TOTAL FEES REQUIRED	$177.75

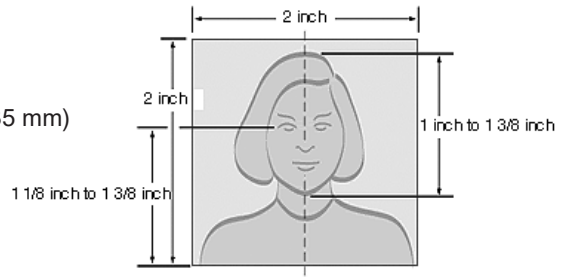
**The initial application fee for a veteran, as defined in Section 1.01, F.S., the spouse or surviving spouse of such veteran, a member of the United States Armed Forces who has served on active duty, or the spouse or surviving spouse of such member who at the time of death was serving on active duty and died within the 2 years preceding the initial application, shall be waived. Please include a copy of your (or your spouse’s) DD214.*

The initial license fee for a veteran, as defined in Section 1.01, F.S., shall be waived if he or she applies for a license within 24 months after being discharged from any branch of the United States Armed Forces. An eligible veteran must include a copy of his or her DD Form 214, as issued by the United States Department of Defense, or another acceptable form of identification as specified by the Department of Veterans’ Affairs with his or her application in order to obtain a waiver.

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

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 daily:
  - » 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).

* If you wear one of the listed articles of clothing or head wear daily for religious purposes, please provide the division with a written statement of that fact.

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.

WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Licensing

APPLICATION FOR CLASS "C" PRIVATE INVESTIGATOR LICENSE

Chapter 493, Florida Statutes
Rule 5N-1.100, Florida Administrative Code
Post Office Box 5767•Tallahassee, FL 32314-5767•(850) 245-5691
www.mylicensesite.com

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 APPLICANT INFORMATION

SOCIAL SECURITY NUMBER — SEE APPLICATION INSTRUCTIONS

ALIEN REGISTRATION NUMBER (A)

If you are not a United States citizen, you must also provide your 8- or 9- digit Alien Registration Number.

LAST NAME | FIRST NAME | MI

RESIDENCE ADDRESS (A P.O. BOX IS NOT A 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 | HEIGHT

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 (Must provide valid email address)

CPDF01

THIS PAGE WAS INTENTIONALLY LEFT BLANK.

Please do not write on this page.

SECTION II MILITARY HISTORY

a. Are you an honorably discharged United States veteran, as defined in Section 1.01, Florida Statutes? ◯YES ◯NO

b. 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? (Includes maiden names, married names, fictitious names, legal name changes, etc.) ◯YES ◯NO

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 an incapacitating mental illness? ◯YES ◯NO
If YES, include with your application a statement from a psychiatrist or psychologist licensed in Florida certifying that you are not currently suffering from an incapacitating mental illness that precludes you from performing regulated duties of an unarmed private investigator.

d. Have you been committed for controlled substance abuse? ◯YES ◯NO
If YES, include with your application evidence of successful completion of a substance abuse rehabilitation course and a letter from your sponsor in the course establishing that you are not currently abusing any controlled substance.

e. Do you currently, or have you ever, abused alcoholic beverages? ◯YES ◯NO
If YES, include with your application evidence of successful completion of an alcohol abuse rehabilitation course and a letter from your course sponsor establishing that you are not currently abusing any alcoholic beverages.

SECTION VI EXAMINATION

a. Do you currently hold a valid Class "CC," "MA," or "M" license? If no, proceed to question VI c. ◯YES ◯NO

b. Have you previously held a Class "C," Class "CC," Class "MA," or "M" license, that has not been invalid for more than one year (expired, suspended, revoked)? If no, proceed to question VI c. ◯YES ◯NO
If YES, provide applicable license number(s) and corresponding expiration dates, then proceed to Section VII. The examination requirement does not apply to you.

_____ _____ _____

c. Have you passed the examination covering the provisions of Chapter 493, F. S as required under Section 493.6203(5), F. S.? ◯YES ◯NO
If YES, include with your application a copy of your certificate of completion. Failure to do so may result in unnecessary delay in the processing of your application.

SECTION VII TRAINING/EXPERIENCE

a. Are you using experience gained as a licensed Class "CC" Private Investigator Intern to qualify for the Class "C" license? ◯YES ◯NO
If YES, be sure your sponsor(s) have completed and mailed form FDACS-16016, Termination/Completion of Sponsorship to the Division of Licensing or include the form(s) with your application.

b. Are you using related experience to qualify for the Class "C" license? ◯YES ◯NO
If YES, include with your application form FDACS-16023, Affidavit of Experience.

c. Are you requesting credit for relevant military training or education that is substantially similar to that required for this license as provided in Rule 5N-1.119, Florida Administrative Code? ◯YES ◯NO
If YES, include your DD214 with your application.

SECTION VIII EXEMPTION FROM PUBLIC RECORD DISCLOSURE

I have read the instructions for Section VIII. I hereby state 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 IX CITIZENSHIP

a. Are you a citizen of the United States? ◯YES ◯NO
If YES, proceed to Section X.
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 to work in the U.S. by the USCIS? ◯YES ◯NO
If YES, proceed to Section X.
If you are not a lawful permanent resident alien or do not possess valid work authorization, you are not eligible for licensure.

SECTION X SPONSORSHIP RECORD (MUST BE COMPLETED ONLY IF INTERNSHIP IS USED TO QUALIFY)

Name of Private Investigative Agency/Employer | Agency License Number | License Expiration Date

Name of Primary or Alternate Sponsor | License Number | License Expiration Date

FROM _____ To _____ Period of Internship (MM/DD/YYYY) | Agency/Sponsor Phone Number

Name of Private Investigative Agency/Employer | Agency License Number | License Expiration Date

Name of Primary or Alternate Sponsor | License Number | License Expiration Date

FROM _____ To _____ Period of Internship (MM/DD/YYYY) | Agency/Sponsor Phone Number

SECTION XI 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.

The information contained in this application and all attachments I have submitted are 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.

Under penalties of perjury, I declare that I have read the forgoing application and that the facts stated in it are true.

_____ _____

Signature of Applicant Date Signed

SECTION XII EMPLOYER STATEMENT (TO BE COMPLETED BY APPLICANT'S EMPLOYER)

Agency Name: _____

Agency License #: _____

Name of Agency Head or Designee (type or print): _____

Signature: _____

Agency Phone #: _____ Date Signed: _____

WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Licensing

AFFIDAVIT OF EXPERIENCE

Chapter 493, Florida Statutes
Rule 5N-1.100, Florida Administrative Code
Post Office Box 5767•Tallahassee, FL 32314-5767•(850) 245-5691
www.mylicensesite.com

Section 493.6105(4), F.S. requires the applicant for a Class "C" private investigator license, a Class "E" recovery agent license, or a Class "M", "MA", "MB", and "MR" manager license to "include a statement on a form provided by the department of the experience that he or she believes will qualify him or her for such license."

INSTRUCTIONS: Fill out this form completely, providing complete and comprehensive details about the duties you performed. If you have been honorably discharged from military service and would like to use related military experience toward satisfaction of the experience requirement, attach a copy of your DD214 to this completed form. Mail your completed form with your application to the P.O. Box referenced above.

EXPERIENCE WHICH CANNOT BE VERIFIED BY THE DIVISION OF LICENSING OR EXPERIENCE WHICH WAS ACQUIRED UNLAWFULLY WILL NOT BE COUNTED TOWARD THE EXPERIENCE REQUIREMENT OUTLINED UNDER CHAPTER 493, FLORIDA STATUTES.

LAST NAME _____ FIRST NAME _____ MI _____

SOCIAL SECURITY NUMBER _____ SEE REVERSE.

ALIEN REGISTRATION NUMBER A _____ If you are not a United States citizen, you must also provide your 8- or 9- digit Alien Registration Number.

TYPE OF LICENSE for which you are applying

COMPLETE ONE. If you are applying for more than one class of agency license, a separate Affidavit of Experience form is required for each.

- ◯ CLASS "C" PRIVATE INVESTIGATOR LICENSE
- ◯ CLASS "E" RECOVERY AGENT LICENSE
- ◯ CLASS "M" PRIVATE INVESTIGATIVE AND SECURITY BRANCH MANAGER
- ◯ CLASS "MA" PRIVATE INVESTIGATIVE AGENCY MANAGER
- ◯ CLASS "MB" SECURITY AGENCY MANAGER
- ◯ CLASS "MR" RECOVERY AGENCY MANAGER

APPLICANT INFORMATION (RELATED EXPERIENCE)

NAME OF EMPLOYER: _____ Phone #: _____ (INCLUDE AREA CODE)

ADDRESS: _____

CITY, STATE ZIP CODE: _____

JOB TITLE: _____ DATES OF EMPLOYMENT: _____ FROM (MM/YY) _____ TO (MM/YY)

EXACT DUTIES WHICH RELATE TO THE LICENSE SOUGHT AND PERCENTAGE OF TIME DEVOTED TO THESE DUTIES. **BE SPECIFIC**:

_____

_____

_____

_____

_____

NAME AND TITLE OF INDIVIDUAL WHO CAN VERIFY EMPLOYMENT: _____

PHONE NUMBER: _____ (INCLUDE AREA CODE)

APPLICANT INFORMATION (RELATED EXPERIENCE) CONTINUED

NAME OF EMPLOYER: _____ Phone #: _____
(INCLUDE AREA CODE)

ADDRESS: _____

CITY, STATE ZIP CODE: _____

JOB TITLE: _____ DATES OF EMPLOYMENT: _____ _____
FROM (MM/YY) TO (MM/YY)

EXACT DUTIES WHICH RELATE TO THE LICENSE SOUGHT AND PERCENTAGE OF TIME DEVOTED TO THESE DUTIES. BE SPECIFIC:

_____

_____

_____

NAME AND TITLE OF INDIVIDUAL WHO CAN VERIFY EMPLOYMENT: _____

PHONE NUMBER: _____
(INCLUDE AREA CODE)

NAME OF EMPLOYER: _____ Phone #: _____
(INCLUDE AREA CODE)

ADDRESS: _____

CITY, STATE ZIP CODE: _____

JOB TITLE: _____ DATES OF EMPLOYMENT: _____ _____
FROM (MM/YY) TO (MM/YY)

EXACT DUTIES WHICH RELATE TO THE LICENSE SOUGHT AND PERCENTAGE OF TIME DEVOTED TO THESE DUTIES. BE SPECIFIC:

_____

_____

_____

NAME AND TITLE OF INDIVIDUAL WHO CAN VERIFY EMPLOYMENT: _____

PHONE NUMBER: _____
(INCLUDE AREA CODE)

I,_____, under penalties of perjury, declare that I have read the foregoing Affidavit of Experience, and that the facts stated in it are true. Further, I hereby affirm that the work experience listed herein accurately reflects my employment history and job duties I have performed, and that this work experience is related to the license for which I have applied.

_____ _____
SIGNATURE OF APPLICANT DATE SIGNED

USE OF SOCIAL SECURITY NUMBERS: Section 493.6105, 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.]

WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Licensing

LETTER OF INTENT TO SPONSOR PRIVATE INVESTIGATOR INTERN

Chapter 493, Florida Statutes
Rule 5N-1.100, Florida Administrative Code
Post Office Box 5767•Tallahassee, FL 32314-5767•(850) 245-5691
www.mylicensesite.com

INSTRUCTIONS: This form must be completed by the primary sponsor of a Class "CC" private investigator intern. The designation of an alternate sponsor is optional. The sponsor or alternate sponsor must be a Class "C", "MA", or "M" licensee.

Name of Private Investigative Agency/Employer

Agency or Branch Street Address, City, State, Zip Code

Agency Phone Number	Agency License Number	License Expiration Date
Name of Primary Sponsor	License Number	License Expiration Date
Name of Alternate Sponsor (optional)	License Number	License Expiration Date

I agree to sponsor the intern named below. During this period of internship, the activities performed by this individual will be under my direction and control, and I will provide a semi-annual progress report on this individual's conduct and performance on Form FDACS-16033 pursuant to Section 493.6116(5), Florida Statutes. In the event that I am unable to provide the required direction and control to the intern, I hereby designate the alternate sponsor named above, whose signature appears below and thus confirms the acceptance by that person of such designation. At such time that I no longer sponsor this individual, I will notify the Florida Department of Agriculture and Consumer Services in writing within 15 calendar days of the termination of such sponsorship, providing details about the performance of the intern, using Form FDACS-16016, Termination/Completion of Sponsorship for Private Investigator Intern.

I understand that falsification or misrepresentation of any part of this Letter of Intent subjects me to criminal prosecution under section 837.06, Florida Statutes.

Name of Class "CC" Applicant/Licensee — "CC" License Number

Signature of Primary Sponsor — Date — Print Name of Primary Sponsor

I agree to fulfill the responsibilities of sponsor in the event that the primary sponsor named above is unable to perform those duties.

I understand that falsification or misrepresentation of any part of this Letter of Intent subjects me to criminal prosecution under section 837.06, Florida Statutes.

Signature of Alternate Sponsor — Date — Print Name of Alternate Sponsor

Division of Licensing

Post Office Box 5708
Tallahassee, Florida 32314-5708

Florida Department of Agriculture and Consumer Services

Commissioner Wilton Simpson

Important Information for Applicants Submitting Fingerprints Where Criminal Record Results Will Become Part of the Statewide Automated Biometric Identification System

This memo includes information concerning the following topics:

- Sharing of Criminal History Record Information with the Division of Licensing
- Retention of Fingerprints
- Privacy Policy
- Right to Challenge an Incorrect Criminal History Record

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Florida Department of Agriculture and Consumer Services, Division of Licensing.

By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Division of Licensing, from which you are seeking approval to be licensed to work within the private investigation, private security, or recovery industries pursuant to Chapter 493, Florida Statutes. The fingerprints submitted will be retained by FDLE, and the Division of Licensing will be notified if FDLE receives information indicating that you have been arrested in Florida.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and date of birth. Disclosure of your SSN is imperative for the performance of the Division of Licensing's duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the Division of Licensing provide you with a copy. If, after you have reviewed the criminal history record, you believe it is either incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If you believe information received from the FBI is in error, you may contact the FBI at (304) 625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as licensee.

The processing of your application for licensure may not be finalized until the criminal history background check is completed.

The FBI's Privacy Statement on the reverse side of this document contains additional information.

US Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division

PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).