



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**MILITARY VETERAN  
FEE WAIVER REQUEST**

Sections 472.015(3)(b), 501.015(2), 501.605(5)(b), 501.607(2)(b),  
507.03(3)(b), 527.02(3)(b), 539.001(3)(c), 559.904(3)(b)  
and 559.928(2)(c), Florida Statutes  
Rule 5J-26.001, Florida Administrative Code

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Please return completed request  
and Registration Application to:  
FDACS  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

An honorably discharged veteran of the United States Armed Forces, the spouse of such a veteran, or a business entity that has a majority ownership held by such a veteran or spouse, within 60 months after the date of the veteran's discharge from any branch of the United States Armed Forces, may apply for an initial registration fee waiver in the licensure areas listed below. *All documents and attachments submitted with this application may be subject to public review pursuant to Chapter 119, F.S.* PLEASE TYPE OR PRINT.

Please check the program in which you are requesting an initial registration fee waiver.

- Board of Professional Surveyors and Mappers (s. 472.015(3)(b), F.S.)
- Florida Telemarketing Act – Licensure of commercial telephone sellers (s. 501.605(5)(b), F.S.)
- Florida Telemarketing Act – Licensure of salespersons (s. 501.607(2)(b), F.S.)
- Florida Telemarketing Act – Licensure of substance abuse marketing service providers (s. 501.605(5)(b), F.S.)
- Health Studios (s. 501.015(2), F.S.)
- Household Moving Services (s. 507.03(3)(b), F.S.)
- Pawnbroking (s. 539.001(3)(c), F.S.)
- Repair of Motor Vehicles (s. 559.904(3)(b), F.S.)
- Sale of Liquefied Petroleum Gas (s. 527.02(3)(b), F.S.)
- Seller of Travel (s. 559.928(2)(c), F.S.)

**Applicant Information**

**1. Name of Business or Individual** (If a business, state the legal name of the entity as registered with the Florida Department of State, Division of Corporations):

**Fictitious (DBA) Name** (if applicable):

**Mailing Address** (include APT or SUITE #):

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Fax Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Federal Employer ID Number (FEIN):**  
\_\_\_\_\_ - \_\_\_\_\_

**2. Name of majority owner of applicant business entity** (if applicable):

**Mailing Address** (include APT or SUITE #):

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Type of Fee Waiver Requested

*(Please check one, answer the applicable questions and attach the required documentation)*

- I am an honorably discharged veteran of the United States Armed Forces and am applying for a fee waiver within sixty (60) months of said discharge.

Your name at the time of discharge: \_\_\_\_\_

Date of your honorable discharge: \_\_\_\_\_

**NOTE: To qualify for the military veteran fee waiver, the following documentation is required:**

- A copy of your 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.

- I am/was the spouse of an honorably discharged veteran of the United States Armed Forces and am applying for a fee waiver within sixty (60) months of said discharge.

Name of your honorably discharged spouse: \_\_\_\_\_

Date of your spouse's honorable discharge: \_\_\_\_\_

**NOTE: To qualify for a fee waiver as the spouse of a military veteran, the following documentation is required:**

- A copy of my spouse's 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; and
- Attach a copy of a valid marriage license or certificate verifying that I was lawfully married to the veteran at the time of his/her discharge.

- I am an honorably discharged veteran or spouse of an honorably discharged veteran and hold majority ownership in the business entity and am applying for a fee waiver within sixty (60) months of said discharge.

Name of honorably discharged veteran: \_\_\_\_\_

Date of veteran's honorable discharge: \_\_\_\_\_

**NOTE: To qualify for a fee waiver as a business entity with the majority ownership held by a veteran or spouse of a military veteran, the following documentation is required:**

- Proof that a veteran or the spouse of a veteran holds a majority ownership in the business;
- A copy of the veteran's 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; and if applicable
- A copy of a valid marriage license or certificate verifying that the spouse of the veteran was lawfully married to the veteran at the time of discharge.

I acknowledge that I am requesting a waiver of the initial registration fee in the program area checked above and have provided the required information and documentation to qualify for this waiver. I understand that this request will not be considered unless all required documentation has been provided and submitted along with a completed program registration application.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Print Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year