

PLEASE DETACH APPLICATION AND KEEP INSTRUCTIONS FOR YOUR RECORDS.

Application For

**CLASS “G”**

**STATEWIDE**

**FIREARM LICENSE**



02/2017

Florida Department of Agriculture and Consumer Services  
Adam H. Putnam, Commissioner

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.]

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 United States citizen or deemed a permanent legal resident alien by the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).
- Must provide current RESIDENCE address. A P.O. Box is not considered a residence.

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:

- are currently serving a suspended sentence on a felony charge or are on probation for a felony charge [Section 493.6118(4), F.S.].
- 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 and Firearm Rights have been restored by the convicting authority and a period of 10 years has passed since final release from supervision [Section 493.6118(4)(a), F.S.]. Proof of restoration of Civil Rights and Firearm Rights must be submitted with this application.
  1. If the felony conviction occurred within the State of Florida, your civil rights and firearm 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 and firearm 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.

The Department may deny your application if you:

- have a history of being arrested for crimes of violence and/or found guilty of (or had adjudication withheld for) directly related crimes. This includes, but is 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 Violence [Section 493.6118(1)(c), Section 493.6118(1)(j), Section 493.6118(3), F.S.].
- have demonstrated a lack of respect for the laws of this state and the nation [Section 493.6118(3), F.S.].
- have an outstanding bench warrant or capias [Section 493.6118(3), F.S.].
- are currently in a Pre-Trial Intervention or Deferred Prosecution Program [Section 493.6118(3), F.S.].

***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 proof that you have been granted relief from federal firearms disabilities.
- 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 proof that you have been granted relief from federal firearms disabilities.
- c. If you have ever been diagnosed with a mental illness, you must provide a statement from a psychologist or psychiatrist licensed in Florida attesting that you are not currently suffering from a mental illness that precludes you from performing regulated duties in an armed capacity.
- d. If you are currently abusing a controlled substance, you are not eligible for licensure.
- e. If you have a history of controlled substance abuse, you must provide evidence of successful completion of a substance abuse rehabilitation program and three letters of reference, one of which should be from your sponsor in the program.
- f. If you have a history of alcohol abuse, you must provide evidence of successful completion of an alcohol rehabilitation program and three letters of reference, one of which should be from your sponsor in the program.

#### SECTION VI TRAINING/EXPERIENCE

In order to qualify for the Class "G" license, you must successfully complete **28 hours of range and classroom training** pertaining to the use of firearms in connection with duties regulated under Chapter 493, Florida Statutes. The training must be obtained from a licensed Class "K" Firearms Instructor within the preceding 12 months.

##### **THE FOLLOWING IS A LIST OF ACCEPTABLE ALTERNATIVES FOR THE 28 HOURS OF RANGE AND CLASSROOM TRAINING**

1. Proof that you are currently certified as a law enforcement officer or correctional officer pursuant to the requirements of the Criminal Justice Standards and Training Commission or have successfully completed the training required for certification within the last 12 months.
2. Proof that you are currently certified as a federal law enforcement officer and have received law enforcement firearms training administered by a federal law enforcement agency.
3. Proof that you qualify for a Class "K" Firearms Instructor License in accordance with the requirements set forth in Section 493.6105(6)(a), F.S.

#### SECTION VII CERTIFICATION OF QUALIFIED EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Section 119.071, F.S., excludes from public disclosure specified information such as home addresses, telephone numbers, Social Security 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 VIII CITIZENSHIP

You must be EITHER a U.S. citizen OR a permanent legal resident alien in order to qualify for a Class "G" license, and you must provide documentation confirming your citizenship status.

- If you were born in the United States: Submit a copy of your birth certificate, U.S. passport, Social Security card, driver license, state-issued ID card, or voter registration card.
- If you are a naturalized citizen: Submit a copy of your U.S. passport or the official document issued by U.S. Citizenship and Immigration Services (USCIS) indicating that you are a naturalized citizen.
- If you are not a U.S. citizen: Submit a copy of your Permanent Legal Resident Alien Card (USCIS Form I-551).

## SECTION IX PERSONAL INQUIRY WAIVER AND NOTARIZATION STATEMENT

*Do not sign the application until you are in the presence of the Notary Public who will notarize your application.*

## SECTION XI HEALTH CERTIFICATE

This section must be completed and signed by a physician or physician assistant currently licensed pursuant to Chapter 458, Chapter 459 (or any similar law of another state); or by a person authorized to act as a licensed physician by a federal agency or department; or by an advanced registered nurse practitioner currently licensed pursuant to Chapter 464.

## GENERAL INFORMATION

- 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 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. Pursuant to Section 493.6115, F.S., only Class “C”, “CC”, “D”, “M”, “MA”, or “MB” licensees are permitted to bear a firearm, and any such licensee who bears a firearm must also have a Class “G” license. No person is exempt from the requirements of Section 493.6115, F.S., by virtue of holding a concealed weapon or firearm license issued pursuant to Section 790.06, F.S.
  2. Unless otherwise approved by the Department, a Class “G” licensee may carry ONLY the following weapons: a .38 caliber revolver; a .380 caliber or .9mm semiautomatic pistol; or a .357 caliber revolver with .38 caliber ammunition; or a .40 caliber handgun; or a .45 ACP handgun.
  3. A Class “G” licensee may carry no more than two (2) firearms upon his or her person when performing regulated duties. A licensee may carry a firearm only of the specific type and caliber with which he or she has qualified pursuant to the firearms training referenced in Section 493.6115(8), F.S.
  4. A Class “D”, “M”, “MA”, or “MB” licensee who has also been issued a Class “G” license must keep his or her firearm encased in view at all times.
  5. A Class “D” licensee 21 years of age or older who has also been issued a Class “G” license may carry a concealed firearm on a limited, special assignment-basis when he or she is performing regulated duties in a non-uniform status because duty circumstances or special requirements of the client necessitates such dress [Section 493.6115(4) & Section 493.6305(2), F.S.].
  6. A Class “C” or Class “CC” licensee 21 years of age or older who has also been issued a Class “G” license may carry, in the performance of her or his duties, a concealed firearm only. 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.
  7. Annual Requalification Requirement: In order to remain qualified to hold the Class “G” license, the licensee must complete four hours of re-qualifying training EACH YEAR. The annual training course shall consist of a review of the curriculum topics listed above as part of the initial training requirements to include any recent changes in the law. License holders will be required to achieve a passing score on a cycle of fire consisting of 48 rounds. If the license holder fails to achieve a passing score after three attempts, he or she will be instructed to seek additional remedial training and schedule another requalification attempt at a later date.
  8. See Rule 5N-1.130 and 5N-1.132, Florida Administrative Code, for additional information.

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

- CERTIFICATE OF FIREARMS PROFICIENCY (See Section VI for details.)
- DOCUMENTATION CONFIRMING YOUR STATUS AS A U.S. CITIZEN OR LEGAL RESIDENT ALIEN
- 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.

License Fee: \$112

Fingerprint Processing Fee: \$42

Fingerprint Retention Fee: \$10.75

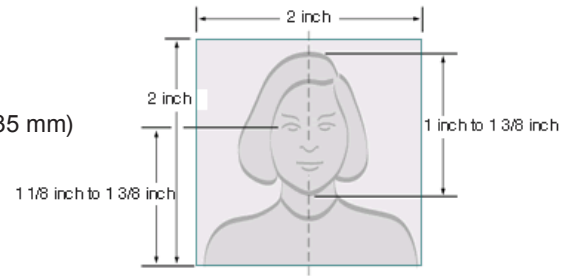
TOTAL FEES REQUIRED \$164.75

*If you are also submitting an application 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 on a daily basis:
  - » 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).



**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.



Florida Department of Agriculture and Consumer Services  
Division of Licensing

**APPLICATION FOR  
CLASS "G" STATEWIDE FIREARM LICENSE**

**ADAM H. PUTNAM  
COMMISSIONER**

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

Grid for Social Security Number

SEE APPLICATION INSTRUCTIONS

ALIEN REGISTRATION NUMBER

Grid for Alien Registration Number (A)

If you are an alien, you must also provide your 8- or 9-digit Alien Registration Number.

LAST NAME

Grid for Last Name

FIRST NAME

Grid for First Name

MI

Grid for Middle Initial

RESIDENCE ADDRESS

Grid for Residence Address

RESIDENCE ADDRESS *CONTINUED* (SUITE, BUILDING, APT., ETC)

Grid for Residence Address Continued

CITY

Grid for City

STATE

Grid for State

ZIP CODE

Grid for ZIP Code

+4

Grid for ZIP Code Extension

MAILING ADDRESS IF DIFFERENT FROM ABOVE

Grid for Mailing Address

MAILING ADDRESS *CONTINUED* (SUITE, BUILDING, APT., ETC)

Grid for Mailing Address Continued

CITY

Grid for City

STATE

Grid for State

ZIP CODE

Grid for ZIP Code

+4

Grid for ZIP Code Extension

SEX RACE EYE COLOR

Grid for Sex, Race, Eye Color

HAIR COLOR

Grid for Hair Color

DATE OF BIRTH (MMDDYYYY)

Grid for Date of Birth

WEIGHT

Grid for Weight

LBS

HEIGHT

Grid for Height

FT

IN

PLACE OF BIRTH (Include STATE OR PROVINCE --- AND COUNTRY)

Grid for Place of Birth

HOME PHONE NUMBER (Numbers only; no dashes or parentheses.)

Grid for Home Phone Number

WORK PHONE NUMBER (Numbers only; no dashes or parentheses.)

Grid for Work Phone Number

E-MAIL ADDRESS

Grid for E-mail Address



G P D F 0 1

**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?  YES  NO  
 (Includes maiden names, married names, fictitious names, legal name changes, etc.)  
*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 proof that you have been granted relief from federal firearm disabilities.*
- 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 proof that you have been granted relief from federal firearm disabilities.*

SECTION V PERSONAL HISTORY CONTINUED

- c. Have you ever been diagnosed with a mental illness?  YES  NO  
*If YES, include with your application a statement from a psychiatrist or psychologist licensed in Florida attesting that you are not currently suffering from an incapacitating mental illness that precludes you from performing regulated duties in an armed capacity.*
- d. Do you currently abuse any controlled substance?  YES  NO  
*If YES, you are ineligible for licensure.*
- e. Do you have a history of controlled substance abuse?  YES  NO  
*If YES, include with your application evidence of successful completion of a substance abuse rehabilitation program and three letters of reference, one of which should be from your sponsor in the rehabilitation program.*
- f. Do you have a history of alcohol abuse?  YES  NO  
*If YES, include with your application evidence of successful completion of an alcohol abuse rehabilitation program and three letters of reference, one of which should be from your sponsor in the rehabilitation program.*

SECTION VI TRAINING/EXPERIENCE

- a. Have you successfully completed firearms training administered by a Class "K" Firearms Instructor or received other qualifying firearms training within the past 12 months? See Section VI of the APPLICATION INSTRUCTIONS.  YES  NO  
*If YES, include with your application the original copy of form FDACS-16005, Certificate of Firearms Proficiency for Statewide Firearm License or proof of an acceptable form of alternate training as set forth in s.493.6105(5), F.S.  
If NO, your application for licensure may be denied.*
- b. Have you previously been issued a Florida Class "G" Statewide Firearm License or licensed to perform armed security- and/or private investigative-duties in another state?  YES  NO  
*If YES, please specify which state(s) and the period(s) of time during which you were licensed:*  
STATE: \_\_\_\_\_ PERIOD OF LICENSURE: \_\_\_\_\_  
STATE: \_\_\_\_\_ PERIOD OF LICENSURE: \_\_\_\_\_
- c. Have you ever had a firearms license or registration revoked, suspended, or otherwise acted against (including probation, fine, reprimand, or surrender of license) in a disciplinary proceeding in Florida or another state?  YES  NO  
*If YES, provide on a separate sheet of paper complete details regarding this action, including the state in which the action occurred, relevant dates, and circumstances.*

SECTION VII CERTIFICATION OF QUALIFIED EXEMPTION FROM PUBLIC RECORD DISCLOSURE

I have read the instructions for Section VII. I hereby certify 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 VIII CITIZENSHIP

- a. Have you ever renounced (relinquished) U.S. citizenship?  YES  NO  
*If YES, you are not eligible for licensure.*
- b. Are you a citizen of the United States? If YES, proceed to Section IX.  YES  NO  
*If NO, you must answer question (c) below.*
- c. Are you deemed a lawful permanent resident alien by the United States Citizenship and Immigration Services (USCIS)?  YES  NO  
*If YES, proceed to Section IX. NOTE: You must submit a clear and legible copy of the documentation issued to you by the USCIS.  
If you are not a lawful permanent resident alien, you are not eligible for licensure.*

**SECTION IX PERSONAL INQUIRY WAIVER AND NOTARIZATION STATEMENT**

*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*

Do not sign the application until you are in the presence of the Notary Public who will notarize your application.

I certify that 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 do certify that I give permission for such entity to disclose any information and to provide any record requested concerning me to the Division.

I also affirm that the information contained in this application and all attachments I have submitted to be 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing application was sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
PRINT Name of Applicant

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
PRINT, TYPE, OR STAMP NAME OF NOTARY

Personally Known       Produced Identification

*Type of Identification Produced* \_\_\_\_\_

**SECTION X 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: \_\_\_\_\_

SECTION XI HEALTH CERTIFICATE

***To be completed by examining physician or physician assistant currently licensed pursuant to Chapter 458, Chapter 459, or any similar law of another state or authorized to act as a licensed physician by a federal agency or department or by an advanced registered nurse practitioner currently licensed pursuant to Chapter 464.***

I certify that I have examined the applicant named herein and found no physical impairments that, to the best of my knowledge, would preclude this person from performing duties in an armed capacity.

Applicant's (Patient's) Name: \_\_\_\_\_

Name of Person Performing Exam: \_\_\_\_\_

Signature of Person Performing Exam: \_\_\_\_\_

Examiner's License #: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_