WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Licensing

PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

Chapter 493, Florida Statutes

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691 Internet Address: http://mylicensesite.com

I, _____ , presently residing at

_____ ,
ADDRESS CITY STATE

have applied for a license with the Department of Agriculture and Consumer Services, Division of Licensing. I understand the Division of Licensing will conduct any investigation deemed necessary to ensure I fulfill statutory requirements for licensure. I understand inquiries will be made regarding my criminal history and further inquiry may include school records, employment history, financial records, any history of controlled substance abuse or alcohol abuse and 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 of Licensing any knowledge or information concerning me and give my permission for such entity to disclose any information and to provide any record requested concerning me to the Division of Licensing.

_____ _____
Signature of Applicant Date Signed

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument 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 _____