

PLEASE DETACH APPLICATION AND MAIL TO THE ADDRESS PROVIDED.

Application For

**CLASS “E”**

**RECOVERY AGENT**

**LICENSE**



08/2017

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 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 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:

- 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 and a period of 10 years has passed since final release from supervision [s.493.6118(4), F. S.]. Proof of restoration of Civil Rights must be submitted with this application. 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.
- are currently serving a suspended sentence on a felony charge or on probation for a felony charge [s.493.6118(4), F. S.].

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 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 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 the duties of a recovery agent.
- 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

An applicant for a Class "E" license shall have ONE YEAR of lawfully gained, verifiable, full-time experience, or training in one, or a combination of more than one of the following:

1. Repossession of motor vehicles as defined in Section 320.01(1), mobile homes as defined in Section 320.01(2), motorboats as defined in Section 327.02, aircraft as defined in Section 330.27(1), personal watercraft as defined in Section 327.02, all-terrain vehicle as defined in Section 316.2074, farm equipment as defined under Section 686.402, or industrial equipment as defined in Section 493.6101(22).
2. Work as a Class "EE" licensed intern. Internship is computed on a full-time 40-hour workweek basis. Any overtime hours worked beyond the 40-hour workweek cannot be used to reduce the one-year requirement.
3. Relevant military training or education received and completed during service in the United States Armed Forces.

Within 90 days of submitting your application, you must submit proof of successful completion of a minimum of 40 hours of professional training taken from a licensed "RS" school or training facility. Failure to do so will result in the denial of your application.

## SECTION VII CERTIFICATION OF QUALIFIED 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; a Class "CC" Private Investigator Intern license; a Class "E" Recovery Agent license; or a Class "EE" Recovery Agent Intern 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, 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

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 IX SPONSORSHIP RECORD

Complete this section *ONLY* if you are using internship to qualify for the Class "E" license.

## SECTION X 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.*

GENERAL INFORMATION

A Class "E" licensee must own or work for a Class "R" Recovery Agency or Class "RR" Branch Office.

You may begin work as a recovery agent upon submission of your complete application provided that you submit a completed, notarized *Letter of Intent to Sponsor Recovery Agent Intern* (Form FDACS-16027) 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 re-apply for the same class of license for a minimum period of 1 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:

Class "E" and Class "EE" licensees are not permitted to carry a firearm while performing regulated duties.

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)
- PROOF OF TRAINING (See Section VI for details.)
- LETTER OF INTENT TO SPONSOR RECOVERY AGENT INTERN, Form FDACS-16027. 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
<u>Fingerprint Retention Fee**</u>	<u>\$10.75</u>
TOTAL FEES REQUIRED	\$177.75

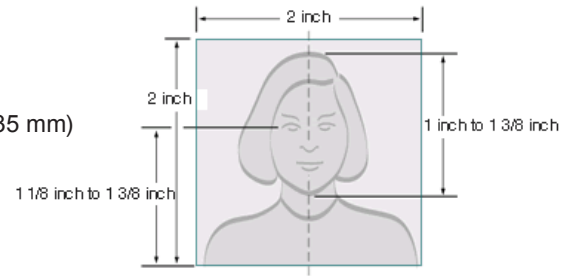
*\*The initial application and license fees for a veteran as defined in s. 1.01, F.S. shall be waived if the application is received within 24 months after being discharged from any branch of the United States Armed Forces. Please include a copy of your DD214.*

*\*\*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 "E" RECOVERY AGENT 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.mylensesite.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

A [Grid for Alien Registration Number]

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 MI]

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]



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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 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 of a recovery agent.*
- 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. Are you using experience gained as a licensed Class "EE" Recovery Agent Intern to qualify for the Class "E" license?  YES  NO  
*If YES, be sure your sponsor(s) have completed and mailed form FDACS-16017 to the Division of Licensing or include the form(s) with your application.*
- b. Are you using related experience to qualify for the Class "E" license?  YES  NO  
*If YES, include with your application form FDACS-16023.*
- c. Have you successfully completed the training required for licensure as a Recovery Agent pursuant to Section 493.6403(2), F. S.?  YES  NO  
*If YES, include with your application a copy of your certificate of completion.  
If NO, your application for licensure may be denied.*
- d. Have you previously been licensed to perform repossession duties in Florida or 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: \_\_\_\_\_
- e. Have you ever had a recovery agent 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.*
- f. Are you requesting credit for relevant military training or education that is substantially similar to that required for this license?  YES  NO  
*If YES, include your DD214 with your application.*

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. Are you a citizen of the United States?  YES  NO  
*If YES, proceed to Section IX.*  
*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 IX.*  
*If you are not a lawful permanent resident alien or do not possess valid work authorization, you are not eligible for licensure.*

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

\_\_\_\_\_  
Name of Recovery 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 Recovery 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

*Use additional sheet of paper if necessary.*

**SECTION X 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

Personally Known

Produced Identification

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

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

**SECTION XI 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: \_\_\_\_\_



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

ADAM H. PUTNAM
COMMISSIONER

Section 493.6105, 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 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. Do not sign the form until you are in the presence of a Notary Public. 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
[Grid of boxes for name entry]

SOCIAL SECURITY NUMBER SEE REVERSE. ALIEN REGISTRATION NUMBER If you are an alien, 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, \_\_\_\_\_, do hereby swear or affirm that the work experience listed herein accurately reflects my employment history and the 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

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

PERSONALLY KNOWN  PRODUCED IDENTIFICATION

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

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

USE 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.]



Florida Department of Agriculture and Consumer Services  
 Division of Licensing  
**LETTER OF INTENT TO SPONSOR RECOVERY AGENT INTERN**

**ADAM H. PUTNAM**  
**COMMISSIONER**

Chapter 493, Florida Statutes  
 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 "EE" Recovery Agent Intern. The designation of an alternate sponsor is optional. The sponsor or alternate sponsor must be a Class "E" or "MR" licensee.

\_\_\_\_\_  
 NAME OF RECOVERY 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-16017, Termination/Completion of Sponsorship for Recovery Agent Intern.

\_\_\_\_\_  
 NAME OF CLASS "EE" APPLICANT/LICENSEE

\_\_\_\_\_  
 "EE" LICENSE NUMBER

\_\_\_\_\_  
 SIGNATURE OF PRIMARY SPONSOR

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 PRIMARY SPONSOR

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

PERSONALLY KNOWN       PRODUCED IDENTIFICATION  
 TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

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

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 ALTERNATE SPONSOR

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

PERSONALLY KNOWN       PRODUCED IDENTIFICATION  
 TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

