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FOR DIVISION OF LICENSING USE ONLY

Florida Department of Agriculture and Consumer Services Division of Licensing

APPLICATION FOR CLASS "AA", "BB", "AB" or "RR" BRANCH AGENCY LICENSE

Chapter 493, Florida Statutes
Post Office Box 5767*Tallahassee, FL 32314-5767*(850) 245-5691
www.mylicensesite.com

TYPE OR PRINT USING BLACK INK

	PLACE LETTER/NUM	I T H 1 2 3 MBER INSIDE EACH BOX AS SHOWN.		
DEFORE VOLL DECIN road the Application Instructions. TVDE or DDINT using block ink. To holy quality processors				
BEFORE YOU BEGIN, read the <i>Application Instructions</i> . 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				
FILL ONE. If you are applying for more than one class of agency license, a separate application is required for each.				
CLASS "AA" PRIVATE INVESTIGATIVE AGENCY BRANCH		CLASS "BB" SECURITY AGENCY BRANCH		
CLASS "AB" PRIVATE INVESTIGATIVE AGENCY/SECURITY AGENCY BRANCH CLASS "RR" RECOVERY AGENCY BRANCH				
NAME OF MAIN AGENCY (AS SHOWN ON LICENSE OF PRINCIPAL LOCATION)				
MAIN AGENCY STREET ADDRESS MAIN AGENCY PHONE NUMBER				
STREET ADDRESS CONTINUED (SUITE, BUILDING, ETC) Numbers only; no dashes or parentheses				
CITY		STATE ZIP CODE +4		
BRANCH FICTITIOUS NAME (IF DIFFERENT FROM LICENSED NAME OF MAIN LOCATION)				
BRANCH OFFICE STREET ADDRESS		BRANCH OFFICE PHONE NUMBER		
BRANCH OFFICE STREET ADDRESS CONTINUED (SUITE, BUILDING, ETC)		Numbers only; no dashes or parentheses		
BRANCH OFFICE STREET ADDRESS CONTINUED (SUITE, BUILDING, ETC)				
CITY STATE ZIP CODE +4				
BRANCH OFFICE MAILING ADDRESS				
BRANCH OFFICE MAILING ADDRESS CONTINUED (SUITE, BUILDING, ETC)				
CITY				

SECTION II	MANAGER INFORMATION		
MANAGER'S LAST NAME		FIRST NAME MI	
	MANAGER'S LICENSE		
A minimum of one prope	rly licensed manager shall be designated for	each agency and branch office location. s. 493.6106(2)(d).	
DOCUMENT SUBJECT	S THE APPLICANT TO CRIMINAL PROSEC	TARIZATION STATEMENT ON OR MISREPRESENTATION OF ANY PART OR ANY CUTION UNDER SECTION 837.06, FLORIDA STATUTES ne 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 w	as sworn to (or affirmed) and subscribed before me the	nis day of, 20 by:	
PRINT Name of Applic	ant	NOTARY SIGNATURE	
Personally Known	Produced Identification	PRINT, TYPE, OR STAMP NAME OF NOTARY	
	Type of Identification Produced		

Remit \$175 (\$50 Application Fee; \$125 License Fee) by check or money order made payable to the Department of Agriculture and Consumer Services and send with your completed application to Post Office Box 5767; Tallahassee, Florida 32314-5767.