

Florida Department of Agriculture and Consumer Services Division of Licensing

APPLICATION FOR

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

WILTON SIMPSON COMMISSIONER

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

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CLASS "AA" PRIVATE INVESTIGATIVE AGENCY BRANCH																															
CLASS "AB" PRIVATE INVESTIGATIVE AGENCY/SECURITY AGENCY BRANCH																															
NAME OF	NAME OF MAIN AGENCY (AS SHOWN ON LICENSE OF PRINCIPAL LOCATION)																														
MAIN AG	ENCY	STRE	ET AD	DRES	S																		N	1AIN	AGE	NCY	PHC	ONE	NUM	BER	
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SECTION II	MANAGER INFORMATION												
MANAGER'S LAST NAME	FIRST NAME M	/1											
MANAGER'S LICENSE NUMBER													
A minimum of one properly licensed manager shall be designated for each agency and branch office location. s. 493.6106(2)(d).													

SECTION III PERSONAL INQUIRY WAIVER AND VERIFICATION

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

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 give permission for such entity to disclose any information and to provide any record requested concerning me to the division.

The information contained in this application and all attachments I have submitted are 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.

Under penalties of perjury, I declare that I have read the forgoing application and that the facts stated in it are true.

Signature of Applicant

Date Signed

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.