Application For

CLASS “DS”  
SECURITY OFFICER SCHOOL OR  
TRAINING FACILITY LICENSE  
and  
CLASS “RS”  
RECOVERY AGENT SCHOOL  
OR TRAINING FACILITY LICENSE
1. COMPLETION AND SUBMISSION OF THE APPLICATION

a) Complete all sections of the application and have it notarized.
b) Application Fee - $50; License Fee - $60 (TOTAL FEES REQUIRED - $110 paid by check or money order made payable to the Florida Department of Agriculture and Consumer Services).
c) Include any required supporting documentation (see #3 below).
d) Submit application, fees and supporting documentation to the Division of Licensing; P.O. Box 5767; Tallahassee, FL 32314-5767.

2. GENERAL INFORMATION

a) The license is valid only for the facility located at the physical address indicated on the application. If the facility relocates, the licensee shall submit notification to the Division, in writing, within 10 days of such change, by providing updated information required by Rule 5N-1.134(2), F.A.C.
b) The following educational facilities or institutions must submit an application but are exempt from all other application requirements:
   • Public educational facilities that are part of the State University System;
   • Public educational facilities that are operated by a Community College Board of Trustees under statutory authority and rules of the State Board of Education or by a district school board;
   • Area vocational schools.
   Instructors who teach exclusively for any of the facilities indicated above are exempt from licensure.
c) If you have questions regarding the completion of the application, call the Division’s Bureau of License Issuance at (850) 245-5691 or write to the Division of Licensing; P.O. Box 5767; Tallahassee, FL 32314-5767.

3. REQUIRED SUPPORTING DOCUMENTATION to be submitted by:
ALL CLASS “DS” LICENSE APPLICANTS or
CLASS “RS” LICENSE APPLICANTS providing standard classroom (face-to-face), or Internet-Based or Correspondence Training (Online), instruction.
See Paragraph 2.b) above for specified exemptions

1) An outline of the complete curriculum to be offered by the school.
2) Copy of the final examination.
3) Written description of the proposed system for handling student records and transcripts.
4) A copy of the Articles of Incorporation or proof of fictitious name filed with the Department of State, Division of Corporations.

Schools or training facilities that offer training for a fee or tuition must also submit the following:
5) A copy of the current school-student contract.
**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  LICENSE INFORMATION

[If applying for more than one school license, separate applications must be submitted.]

### Applying for

Class “DS” License (select one):

- [ ] Tuition/Fee Charging
- [ ] Community College/Vocational
- [ ] Non Tuition/Non Fee Charging

*B*, "BB", "AB" License Number (if applicable)

### Applying for

Class “RS” License (select one):

- [ ] Tuition/Fee Charging
- [ ] Community College/Vocational
- [ ] Non Tuition/Non Fee Charging

"R", "RR", License Number (if applicable)

### Method of Instruction

(select ALL that apply):

- [ ] Face-to-Face
  (standard classroom)
- [ ] Internet-Based/
  Correspondence

## SECTION II  APPLICANT INFORMATION

**NAME OF SCHOOL OR TRAINING FACILITY**

**PHONE NUMBER (NUMBERS ONLY)**

**SCHOOL/TRAINING FACILITY ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**Mailing Address If Different From Above**

**Mailing Address Continued (Suite, Building, Apt., Etc)**

**CITY**

**STATE**

**ZIP CODE**

**NAME OF PERSON COMPLETING THIS APPLICATION**

**PHONE NUMBER (NUMBERS ONLY)**

**TITLE**

**Training Start Date (MMDDYYYY)**
### SECTION III  SCHOOL STRUCTURE/OWNERSHIP INFORMATION

The structure of the school ownership is (select one): Other (Specify)

- Sole Proprietorship
- Partnership
- Corporation

Provide the names and titles of owners, partners, officers below (use additional sheet of paper if necessary)

Note: If the owner is a sole proprietorship, social security or alien registration number is required.

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>ALIEN REGISTRATION NUMBER</th>
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Complete the following table for each owner, partner, or officer:

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>+4</th>
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Complete the following table for the second owner, partner, or officer:

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<th>LAST NAME</th>
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I affirm that this school has adopted the curriculum as outlined in Rule 5N-1.140(1), Florida Administrative Code, and that all instructors utilized by this school, unless specifically exempted by rule, will be licensed as required by Rule 5N-1.138, Florida Administrative Code. I understand that falsification or misrepresentation of any document may subject me to criminal prosecution under Section 837.06, Florida Statutes.

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