Application For

CLASS “G”
STATEWIDE
FIREARM LICENSE

Florida Department of Agriculture and Consumer Services
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 United States citizen or deemed a permanent legal resident alien 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:
• are currently serving a suspended sentence on a felony charge or are on probation for a felony charge [Section 493.6118(4), F.S.].
• 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 and Firearm Rights have been restored by the convicting authority and a period of 10 years has passed since final release from supervision [Section 493.6118(4)(a), F.S.]. Proof of restoration of Civil Rights and Firearm Rights must be submitted with this application.
  1. If the felony conviction occurred within the State of Florida, your civil rights and firearm rights must be restored by the Florida Office of Executive Clemency. 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.
  2. Felony convictions occurring in another state require restoration of civil and firearm rights by the state in which the conviction occurred.
  3. If you were convicted of a felony under federal law, you must have a presidential pardon or have been granted federal relief from disabilities.

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 or without Violence [Section 493.6118(1)(c), Section 493.6118(1)(j), Section 493.6118(3), F.S., Rule 5N-1.114, Florida Administrative Code].
• have demonstrated a lack of respect for the laws of this state and the nation [Section 493.6118(3)].
• 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 proof that you have been granted relief from federal firearms disabilities.
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 proof that you have been granted relief from federal firearms disabilities.
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 regulated duties in an armed capacity.
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

In order to qualify for the Class “G” license, you must successfully complete 28 hours of range and classroom training pertaining to the use of firearms in connection with duties regulated under Chapter 493, Florida Statutes. The training must be obtained from a licensed Class “K” Firearms Instructor within the preceding 12 months.

THE FOLLOWING IS A LIST OF ACCEPTABLE ALTERNATIVES FOR THE 28 HOURS OF RANGE AND CLASSROOM TRAINING

1. Proof that you are currently certified as a law enforcement officer or correctional officer pursuant to the requirements of the Criminal Justice Standards and Training Commission or have successfully completed the training required for certification within the last 12 months.
2. Proof that you are currently certified as a federal law enforcement officer and have received law enforcement firearms training administered by a federal law enforcement agency.
3. Proof that you qualify for a Class “K” Firearms Instructor License in accordance with the requirements set forth in Section 493.6105(6)(a), F.S.
4. Relevant military training or education received and completed during service in the United States Armed Forces as provided in Rule 5N-1.119(9), Florida Administrative Code.

SECTION VII  CERTIFICATION OF QUALIFIED EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

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

You must be EITHER a U.S. citizen OR a permanent legal resident alien in order to qualify for a Class “G” license, and you must provide documentation confirming your citizenship status.

• If you were born in the United States: Submit a copy of your birth certificate, U.S. passport, Social Security card, driver license, state-issued ID card, or voter registration card.
• If you are a naturalized citizen: Submit a copy of your U.S. passport or the official document issued by U.S. Citizenship and Immigration Services (USCIS), indicating that you are a naturalized citizen.
• If you are not a U.S. citizen: Submit a copy of your Permanent Legal Resident Alien Card (USCIS Form I-551).
SECTION IX 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.

SECTION XI HEALTH CERTIFICATE

This section must be completed and signed by a physician or physician assistant currently licensed pursuant to Chapter 458, Chapter 459 (or any similar law of another state); or by a person authorized to act as a licensed physician by a federal agency or department; or by an advanced registered nurse practitioner currently licensed pursuant to Chapter 464.

GENERAL INFORMATION

• An applicant or licensee is ineligible to reapply for the same class of license for a minimum period of one 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
  1. Pursuant to Section 493.6115, F.S., only Class “C”, “CC”, “D”, “M”, “MA”, or “MB” licensees are permitted to bear a firearm, and any such licensee who bears a firearm must also have a Class “G” license. No person is exempt from the requirements of Section 493.6115, F.S., by virtue of holding a concealed weapon or firearm license issued pursuant to Section 790.06, F.S.
  2. Unless otherwise approved by the Department, a Class “G” licensee may carry ONLY the following weapons: a .38 caliber revolver; a .380 caliber or .9mm semiautomatic pistol; or a .357 caliber revolver with .38 caliber ammunition; or a .40 caliber handgun; or a .45 ACP handgun.
  3. A Class “G” licensee may carry no more than two (2) firearms upon his or her person when performing regulated duties. A licensee may carry a firearm only of the specific type and caliber with which he or she has qualified pursuant to the firearms training referenced in Section 493.6115(8), F.S.
  4. A Class “D”, “M”, “MA”, or “MB” licensee who has also been issued a Class “G” license must keep his or her firearm encased in view at all times.
  5. A Class “D” licensee 21 years of age or older who has also been issued a Class “G” license may carry a concealed firearm on a limited, special assignment-basis when he or she is performing regulated duties in a non-uniform status because duty circumstances or special requirements of the client necessitates such dress [Section 493.6115(4) & Section 493.6305(2), F.S.].
  6. A Class “C” or Class “CC” licensee 21 years of age or older who has also been issued a Class “G” license may carry, in the performance of her or his duties, a concealed firearm only. The authority to carry a concealed firearm shall be valid throughout the state, in any location, while performing services within the scope of the license.
  7. Annual Requalification Requirement: In order to remain qualified to hold the Class “G” license, the licensee must complete four hours of re-qualifying training EACH YEAR. The annual training course shall consist of a review of the curriculum topics listed above as part of the initial training requirements to include any recent changes in the law. License holders will be required to achieve a passing score on a cycle of fire consisting of 48 rounds. If the license holder fails to achieve a passing score after three attempts, he or she will be instructed to seek additional remedial training and schedule another requalification attempt at a later date.
  8. See Rule 5N-1.130 and 5N-1.132, Florida Administrative Code, for additional information.
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**

- Certificate of Firearms Proficiency (See Section VI for details.)
- Documentation confirming your status as a U.S. Citizen or Legal Resident Alien
- 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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Fee</td>
<td>$112</td>
</tr>
<tr>
<td>Fingerprint Processing Fee</td>
<td>$42</td>
</tr>
<tr>
<td>Fingerprint Retention Fee</td>
<td>$10.75</td>
</tr>
<tr>
<td><strong>Total Fees Required</strong></td>
<td><strong>$164.75</strong></td>
</tr>
</tbody>
</table>

*If you are also applying 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 daily:
  - 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. NAME – 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 – 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, WEIGHT 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.

<table>
<thead>
<tr>
<th>SEX</th>
<th>RACE</th>
<th>EYE COLOR</th>
<th>HAIR COLOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>M = Male</td>
<td>W = White</td>
<td>BLK = Black</td>
<td>BLK = Black</td>
</tr>
<tr>
<td>F = Female</td>
<td>B = Black</td>
<td>BLU = Blue</td>
<td>BRO = Brown</td>
</tr>
<tr>
<td>I = American Indian</td>
<td>A = Asian or Oriental</td>
<td>GRY = Gray</td>
<td>GRY = Gray</td>
</tr>
<tr>
<td>or Alaskan Native</td>
<td>U = Other or Unknown</td>
<td>GRN = Green</td>
<td>BLN = Blonde</td>
</tr>
</tbody>
</table>

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.

FS493_FP_PHOTO INSTRUCTIONS 09/19
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
ALIEN REGISTRATION NUMBER
If you are not a United States citizen, you must also provide your 8- or 9-digit Alien Registration Number.

LAST NAME
FIRST NAME
MI

RESIDENCE ADDRESS

RESIDENCE ADDRESS CONTINUED (SUITE, BUILDING, APT., ETC)

CITY
STATE
ZIP CODE +4

MAILING ADDRESS IF DIFFERENT FROM ABOVE

MAILING ADDRESS CONTINUED (SUITE, BUILDING, APT., ETC)

CITY
STATE
ZIP CODE +4

SEX
RACE
EYE COLOR
HAIR COLOR
DATE OF BIRTH (MMDDYYYY)
WEIGHT
HEIGHT
LBS
FT
IN

PLACE OF BIRTH (Include STATE OR PROVINCE --- AND COUNTRY)

HOME PHONE NUMBER (Numbers only; no dashes or parentheses.)
WORK PHONE NUMBER (Numbers only; no dashes or parentheses.)

E-MAIL ADDRESS
### SECTION II  MILITARY HISTORY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Are you an honorably discharged United States veteran, as defined in Section 1.01, Florida Statutes?</td>
<td>O YES  O NO</td>
</tr>
<tr>
<td>b. Have you ever been fined, disciplined, or court-martialed under the Uniform Code of Military Justice or other service regulation?</td>
<td>O YES  O NO</td>
</tr>
</tbody>
</table>

*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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>O YES  O NO</td>
</tr>
</tbody>
</table>

*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.) | O YES  O 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.*

<table>
<thead>
<tr>
<th>ARREST DATE</th>
<th>CHARGE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNTY</td>
<td>DISPOSITION</td>
</tr>
<tr>
<td>STATE</td>
<td>ARREST DATE</td>
</tr>
<tr>
<td>COUNTY</td>
<td>DISPOSITION</td>
</tr>
<tr>
<td>STATE</td>
<td></td>
</tr>
</tbody>
</table>

*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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.)</td>
<td>O YES  O NO</td>
</tr>
</tbody>
</table>

*If YES, in the space provided below, provide complete and accurate information regarding each name. Use additional sheet of paper if necessary.*

<table>
<thead>
<tr>
<th>NAME</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>NAME</td>
</tr>
</tbody>
</table>

### SECTION V  PERSONAL HISTORY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Have you ever been adjudicated incapacitated under Chapter 744, F.S., or similar law of another state?</td>
<td>O YES  O NO</td>
</tr>
</tbody>
</table>

*If YES, include with your application proof that you have been granted relief from federal firearm disabilities.*

| 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? | O YES  O NO |

*If YES, include with your application proof that you have been granted relief from federal firearm disabilities.*
SECTION V PERSONAL HISTORY

C. Have you ever been diagnosed with a mental illness?
   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 in an armed capacity.

D. Do you currently abuse any controlled substance?
   If YES, you are ineligible for licensure.

E. Do you have a history of controlled substance abuse?
   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?
   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. Have you successfully completed firearms training administered by a Class “K” Firearms Instructor or received other qualifying firearms training within the past 12 months? See Section VI of the APPLICATION INSTRUCTIONS.
   If YES, include with your application the original copy of form FDACS-16005, Certificate of Firearms Proficiency for Statewide Firearm License or proof of an acceptable form of alternate training as set forth in s.493.6105(5), F.S., or Rule 5N-1.119(9), Florida Administrative Code.
   If NO, your application for licensure may be denied.

B. Have you previously been issued a Florida Class “G” Statewide Firearm License or licensed to perform armed security- and/or private investigative-duties in another state?
   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: __________________

C. Have you ever had a firearms 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?
   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.

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.

SECTION VIII CITIZENSHIP

A. Have you ever renounced (relinquished) U.S. citizenship?
   If YES, you are not eligible for licensure.

B. Are you a citizen of the United States? If YES, proceed to Section IX.
   If NO, you must answer question (c) below.

C. Are you deemed a lawful permanent resident alien by the United States Citizenship and Immigration Services (USCIS)?
   If YES, proceed to Section IX. NOTE: You must submit a clear and legible copy of the documentation issued to you by the USCIS.
   If you are not a lawful permanent resident alien, you are not eligible for licensure.
**SECTION IX  PERSONAL INQUIRY WAIVER AND NOTARIZATION STATEMENT**

**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

Type of Identification Produced ________________________________

**SECTION X  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:  ________________________________
I certify that I have examined the applicant named herein and found no physical impairments that, to the best of my knowledge, would preclude this person from performing duties in an armed capacity.

Applicant's (Patient's) Name: ________________________________

Name of Person Performing Exam: ____________________________

Signature of Person Performing Exam: _________________________

Examiner’s License #: ___________________________ Date of Examination: ________________

Street Address: __________________________________________

City: __________________________________________ State: _____ Zip Code: ____________