



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.]