



Florida Department of Agriculture and Consumer Services
Division of Licensing

APPLICATION FOR
CLASS "C" PRIVATE INVESTIGATOR LICENSE

ADAM H. PUTNAM
COMMISSIONER

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

FOR DIVISION OF LICENSING USE ONLY

TYPE OR PRINT USING BLACK INK

S M I T H 1 2 3

PLACE LETTER/NUMBER INSIDE EACH BOX AS SHOWN.

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

Grid for Social Security Number

SEE APPLICATION INSTRUCTIONS

ALIEN REGISTRATION NUMBER

Grid for Alien Registration Number

If you are an alien, you must also provide your 8- or 9-digit Alien Registration Number.

LAST NAME

Grid for Last Name

FIRST NAME

Grid for First Name

MI

Grid for MI

RESIDENCE ADDRESS

Grid for Residence Address

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

Grid for Residence Address Continued

CITY

Grid for City

STATE

Grid for State

ZIP CODE

Grid for ZIP Code

+4

Grid for +4

MAILING ADDRESS IF DIFFERENT FROM ABOVE

Grid for Mailing Address

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

Grid for Mailing Address Continued

CITY

Grid for City

STATE

Grid for State

ZIP CODE

Grid for ZIP Code

+4

Grid for +4

SEX RACE EYE COLOR

Grid for Sex, Race, Eye Color

HAIR COLOR

Grid for Hair Color

DATE OF BIRTH (MMDDYYYY)

Grid for Date of Birth

WEIGHT

Grid for Weight

LBS

HEIGHT

Grid for Height

FT

IN

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

Grid for Place of Birth

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

Grid for Home Phone Number

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

Grid for Work Phone Number

E-MAIL ADDRESS

Grid for E-mail Address



SECTION II MILITARY HISTORY

Have you ever been fined, disciplined, or court-martialed under the Uniform Code of Military Justice or other service regulation?

YES NO

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

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?

YES NO

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.)

YES 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.

ARREST DATE _____ CHARGE(S) _____

COUNTY _____

STATE _____ DISPOSITION _____

ARREST DATE _____ CHARGE(S) _____

COUNTY _____

STATE _____ DISPOSITION _____

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

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.)

YES NO

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

NAME _____ NAME _____

NAME _____ NAME _____

SECTION V PERSONAL HISTORY

a. Have you ever been adjudicated incapacitated under Chapter 744, F.S., or similar law of another state?

YES NO

If YES, include with your application a certified copy of the court document restoring capacity.

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?

YES NO

If YES, include with your application a certified copy of the court document restoring competency.

SECTION V PERSONAL HISTORY CONTINUED

- c. Have you ever been diagnosed with a mental illness? YES NO
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 of an unarmed private investigator.
- d. Do you currently abuse any controlled substance? YES NO
If YES, you are ineligible for licensure.
- e. Do you have a history of controlled substance abuse? YES NO
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? YES NO
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 EXAMINATION

- a. Do you currently hold a valid Class "CC" license, Class "MA" license or Class "M" license OR have you previously held one or more of these licenses, which has not been invalid for more than a year (expired, suspended, revoked)? YES NO
If YES, provide applicable license number(s) and corresponding expiration dates, then proceed to Section VII. The examination requirement does not apply to you.

If NO, proceed to question VI b.
- b. Have you passed the examination covering the provisions of Chapter 493, F. S as required under Section 493.6203(5), F. S.? YES NO
If YES, include with your application a copy of your certificate of completion. Failure to do so may result in unnecessary delay in the processing of your application.

SECTION VII TRAINING/EXPERIENCE

- a. Are you using experience gained as a licensed Class "CC" Private Investigator Intern to qualify for the Class "C" license? YES NO
If YES, be sure your sponsor(s) have completed and mailed form FDACS-16016 to the Division of Licensing or include the form(s) with your application.
- b. Are you using related experience to qualify for the Class "C" license? YES NO
If YES, include with your application form FDACS-16023.
- c. Have you previously been licensed to perform private investigative duties in Florida or another state? YES NO
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: _____
- d. Have you ever had a private investigator 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? YES NO
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 VIII CERTIFICATION OF QUALIFIED EXEMPTION FROM PUBLIC RECORD DISCLOSURE

I have read the instructions for Section VIII. 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.**

YES NO

SECTION IX CITIZENSHIP

a. Are you a citizen of the United States?

YES NO

If YES, proceed to Section X.

If NO, you must answer question (b) below.

b. Are you deemed a lawful permanent resident alien by the United States Citizenship and Immigration Services (USCIS) or have you been authorized to work in the U.S. by the USCIS?

YES NO

If YES, proceed to Section X.

If you are not a lawful permanent resident alien or do not possess valid work authorization, you are not eligible for licensure.

SECTION X SPONSORSHIP RECORD (MUST BE COMPLETED ONLY IF INTERNSHIP IS USED TO QUALIFY)

Name of Private Investigative Agency/Employer

Agency License Number

License Expiration Date

Name of Primary or Alternate Sponsor

License Number

License Expiration Date

FROM _____ To _____
Period of Internship (MM/DD/YYYY)

Agency/Sponsor Phone Number

Name of Private Investigative Agency/Employer

Agency License Number

License Expiration Date

Name of Primary or Alternate Sponsor

License Number

License Expiration Date

FROM _____ To _____
Period of Internship (MM/DD/YYYY)

Agency/Sponsor Phone Number

SECTION XI PERSONAL INQUIRY WAIVER AND NOTARIZATION STATEMENT

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

Do not sign the application until you are in the presence of the 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 was sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by:

PRINT Name of Applicant

NOTARY SIGNATURE

PRINT, TYPE, OR STAMP NAME OF NOTARY

Personally Known

Produced Identification

Type of Identification Produced _____

SECTION XII 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: _____



Florida Department of Agriculture and Consumer Services
Division of Licensing

AFFIDAVIT OF EXPERIENCE

Chapter 493, Florida Statutes

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:
[Multiple lines for text entry]

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.]



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Licensing

LETTER OF INTENT TO SPONSOR PRIVATE INVESTIGATOR INTERN

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

INSTRUCTIONS: This form must be completed by the primary sponsor of a Class "CC" Private Investigator Intern. The designation of an alternate sponsor is optional. The sponsor or alternate sponsor must be a Class "C", "MA", or "M" licensee.

NAME OF PRIVATE INVESTIGATIVE AGENCY/EMPLOYER

AGENCY OR BRANCH STREET ADDRESS, CITY, STATE, ZIP CODE

AGENCY PHONE NUMBER

AGENCY LICENSE NUMBER

LICENSE EXPIRATION DATE

NAME OF PRIMARY SPONSOR

LICENSE NUMBER

LICENSE EXPIRATION DATE

NAME OF ALTERNATE SPONSOR (OPTIONAL)

LICENSE NUMBER

LICENSE EXPIRATION DATE

I agree to sponsor the intern named below. During this period of internship, the activities performed by this individual will be under my direction and control, and I will provide a semi-annual progress report on this individual's conduct and performance on Form FDACS-16033 pursuant to Section 493.6116(5), Florida Statutes. In the event that I am unable to provide the required direction and control to the intern, I hereby designate the alternate sponsor named above, whose signature appears below and thus confirms the acceptance by that person of such designation. At such time that I no longer sponsor this individual, I will notify the Florida Department of Agriculture and Consumer Services in writing within 15 calendar days of the termination of such sponsorship, providing details about the performance of the intern, using Form FDACS-16016, Termination/Completion of Sponsorship for Private Investigator Intern.

NAME OF CLASS "CC" APPLICANT/LICENSEE

"CC" LICENSE NUMBER

SIGNATURE OF PRIMARY SPONSOR

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 PRIMARY SPONSOR

NOTARY SIGNATURE

PRINT, TYPE, OR STAMP NAME OF NOTARY

PERSONALLY KNOWN

PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED _____

I agree to fulfill the responsibilities of sponsor in the event that the primary sponsor named above is unable to perform those duties.

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 ALTERNATE SPONSOR

NOTARY SIGNATURE

PRINT, TYPE, OR STAMP NAME OF NOTARY

PERSONALLY KNOWN

PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED _____