



Florida Department of Agriculture and Consumer Services
Division of Licensing

APPLICATION FOR
CLASS "CC" PRIVATE INVESTIGATOR INTERN 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



CCINTO1

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? YES NO
(Includes maiden names, married names, fictitious names, legal name changes, etc.)
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

- 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 the duties of a private investigator intern.
- 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 TRAINING/EXPERIENCE

- a. Have you successfully completed the training required for licensure as a private investigator intern pursuant to Section 493.6203(6), F. S.? YES NO
If YES, include with your application a copy of your certificate of completion from an educational institution operating under the purview of the Florida Department of Education. If NO, your application for licensure may be denied.
- b. Have you attached a completed Letter of Intent to Sponsor Private Investigator Intern (Form FDACS-16026)? YES NO
If NO, your application for licensure may be denied.
- 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 license or registration to perform private investigation 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 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.** YES NO

SECTION VIII CITIZENSHIP

- a. Are you a citizen of the United States? YES NO
If YES, proceed to Section IX.
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 IX.
If you are not a lawful permanent resident alien or do not possess valid work authorization, you are not eligible for licensure.

SECTION IX 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 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: _____



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 _____