



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street
Tallahassee, FL 32399-0361

REQUEST FOR DUPLICATE LICENSE - INDIVIDUALS
NON-REFUNDABLE REQUIRED FEE: \$25

Section 1. NAME & ADDRESS		
<u>License Number:</u>		
<u>First Name:</u>	<u>Last Name:</u>	
<u>Street address (include apartment # if applicable):</u>		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>Phone number:</u>	<u>Email Address:</u>	
Section 2. MAILING ADDRESS		
<u>Street address or P.O. Box:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>
Section 3: PURPOSE OF DUPLICATE LICENSE		
<p><u>A duplicate of the license listed above is requested for the following reason:</u></p> <p><input type="checkbox"/> 1) <u>NEVER RECEIVED</u></p> <p><input type="checkbox"/> 2) <u>LOST/MISPLACED</u></p> <p><input type="checkbox"/> 3) <u>ADDRESS CHANGE</u></p> <p><input type="checkbox"/> 4) <u>OTHER</u></p> <p align="center"><u>If you are requesting the duplicate license due to a name change, submit the Change of Name & Request for Revised License Certificate - Individuals.</u></p>		
<p>FOR OFFICE USE ONLY:</p> <p><u>BT</u> <u>TYCL</u> <u>FT</u></p> <p><u>V</u> <u>3801</u> <u>F</u> <u>\$25.00</u></p>		

Section 4: SIGNATURE

I have read the foregoing document, and the facts stated in it are true and correct.

Signature of Licensee

Date Signed

Name and Title

Mail completed application with all attachments and required fees to:

Division of Funeral, Cemetery, and Consumer Services
Revenue Processing Office
P.O. Box 6100
Tallahassee, FL 32314-6100

Make checks payable to the Dept of Financial Services.