



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

**REQUEST FOR DUPLICATE LICENSE - ENTITIES**

**NONREFUNDABLE REQUIRED FEE: \$25**

Section 1. NAME & ESTABLISHMENT ADDRESS		
<u>License Number:</u>		<u>FEIN:</u>
<u>Name of Establishment:</u>		
<u>Street address (Do not include P.O. Box):</u>		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>Contact Name:</u>	<u>Phone number:</u>	<u>Email address:</u>
Section 2. ESTABLISHMENT 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><b><u>If you are requesting the duplicate license due to a name change, submit the <a href="#">Change of Name &amp; Request for Revised License Certificate - Entities.</a></u></b></p>		
<p><b>FOR OFFICE USE ONLY:</b></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's Representative

\_\_\_\_\_  
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.