

Application for Funeral Director and Embalmer Licensure Renewal

Application processing using Credit Card Payment

Login using FACS-DICE.

The screenshot shows the FACS-DICE login page. At the top, there are navigation links: "Locate", "Apply", and "Help". On the right, there is a "public" label. The main heading is "Welcome" in red. Below it, a red message states: "To expedite your renewal, please verify in your profile that all Continuing Education classes have been completed and uploaded prior to completing the renewal payment." A thank you message follows, mentioning the Department of Financial Services' Division of Funeral, Cemetery and Consumer Services Licensee Database. Below this, there are tabs for "Licensee", "Provider", and "Non-Licensees and Potential Providers". The "Licensee" tab is selected, showing a "Licensee" section with a "CLICK HERE" link to view a tutorial. A prominent red message says "PLEASE CLICK HERE TO REGISTER FOR THIS SITE:". Below this, a bullet point indicates that users already licensed with the division should visit the site for the first time. At the bottom, contact information is provided for system problems. On the right side, there is a "LOGIN" box with fields for "User Name" and "Password", a "Login" button, and a link for "Forgot your Username or Password?". The footer contains the copyright notice: "@2000-2022, - The State of Florida - All Rights Reserved. Disclaimer."

Click "Renew License" link.

The screenshot shows the FACS-DICE user dashboard. At the top, there are navigation links: "Locate", "Compliance", "Administrative", and "Help". On the right, there is a "Logout" button and a "[Licensee]" label. The main heading is "Home > In-Box". Below it, the user's name "USER:" is displayed. The dashboard is divided into several sections. The "LICENSES" section shows a "Valid" status with a "CE Status" button and a "Pending" status with a message: "You currently have no pending license applications." The "ALERTS" section has a checkbox labeled "Please verify that your Addresses are correct..". On the right side, there is a "Current Mailing Address" section with a "VIEW/UPDATE PROFILE" link. Below this, there is an "Apply" section with a "Renew License" link. At the bottom, there is a "Links of Interest" section with a "Division Web Site" link. The footer contains the copyright notice: "@2000-2022, - The State of Florida - All Rights Reserved. Disclaimer."

Select invoice and click "continue" button. .

The screenshot shows a web application interface for license renewal. At the top, there is a navigation bar with links: Locate, Compliance, Administrative, Help, Logout, and [Licensee]. Below the navigation bar, the breadcrumb trail reads: Home > In-Box > License Renewal. The user is identified as USER: [redacted]. A table with the following columns is displayed: Invoice Number, Name, License Number - License Type, Renewal Due Date, Renewal Fee, and Late Fee. The first row of the table is selected, indicated by a radio button in the first column. Below the table are two buttons: Back and Continue. At the bottom of the page, a footer states: @2000-2022, - The State of Florida - All Rights Reserved. Disclaimer.

Click "Continue" button..

The screenshot shows a page titled "Information for Successful Processing of Your Application". The page has a navigation bar with the following tabs: Application Advise, Profile Update, Background Questions, Application Review, Affirmation, Checkout, and Summary. The "Application Advise" tab is selected. The page content is organized into four numbered sections:

- 1. PRINTER CAPABILITIES:**

You will need printer capabilities.
- 2. NON-REFUNDABLE FEES:**

In accordance with chapter 497, Florida Statutes, renewal license application fees submitted are non-refundable.
- 3. COMPLETION OF YOUR APPLICATION:**

Your application is **NOT** complete until you select a method of payment. Do not exit the system until you reach the page that advises that your application is complete.
- 4. THE FOLLOWING FORMS OF PAYMENT ARE ACCEPTED FOR APPLICATIONS:**

Credit Cards: While we do not accept Visa, all other credit cards are permitted (MasterCard, American Express, and Discover). Please keep in mind, a convenience fee will be applied if you choose this method of payment.

eCheck: eCheck works similar to paper checks and does not incur a convenience fee. A check's routing and account number are entered, then withdrawn much like using an account's debit card.

At the bottom of the page, there are two buttons: EXIT and CONTINUE. A footer at the very bottom states: @2000-2022, The State of Florida - All Rights Reserved.

Verify/update phone and/or fax number and click "continue" button..

Application Advise **Profile Update** Background Questions Application Review Affirmation Checkout Summary

APPLICANT INFORMATION

Application Contact

Name: [Redacted]
License Number: [Redacted]
Home Address: [Redacted]
Preferred Mailing Address: [Redacted]
Email: [Redacted]
Primary Phone: [Redacted]
Secondary Phone: [Redacted]
Business Phone: [Redacted]
Mobile Phone: () -
Fax: () -

©2000-2022, The State of Florida - All Rights Reserved.

Select "Yes" or "No" and click "Continue" button..

Application Advise	Profile update	Background Questions	Application Review	Affirmation	Checkout	Summary
--	------------------------------------	--	--	-----------------------------	--------------------------	-------------------------

Background Questions

License Questions

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statutes:

1. Any felony no matter when committed.
2. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.
3. Any other misdemeanor not already disclosed under question b. above, which was committed within the five (5) years immediately preceding the date this application is submitted.

"Principal" is defined as follows (see section **497.005(58)**, Florida Statutes) "Principal" **means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.**

☐ Yes
☐ No

2160330

Click "Continue" button..

Application Advise	Profile Update	Background Questions	Application Review	Affirmation	Checkout	Summary
--------------------	----------------	----------------------	--------------------	-------------	----------	---------

APPLICATION REVIEW

PRINT

After you have confirmed that the application is complete and correct, we recommend that you print this page for your records. Please review the data and answers entered so far. If any are incorrect, you will need to restart this application process.

CAUTION--This screen does NOT complete the on-line application process. There are additional screens to process before your application is deemed complete.

Florida Department of Financial Services
Division of Funeral, Cemetery & Consumer Services

APPLICANT INFORMATION

SSN: [REDACTED] Date of Birth: [REDACTED]

Applicant's Name: [REDACTED]

Home Address [REDACTED]

Mailing Address [REDACTED]

Contact Phone [REDACTED] Secondary Phone [REDACTED] Email Address [REDACTED]

FEE SUMMARY

Renewal License(s) Applied For: [REDACTED]

Application ID Number: [REDACTED] Invoice Number: [REDACTED] License Number: [REDACTED]

Renewal Fee [REDACTED]
Unlicensed Activity Fee [REDACTED]

Total Fees Due: [REDACTED]

Application to Renew License

(Continued on next page)

(Continued from prior page)

LICENSE RENEWAL APPLICATION

APPLICANT INFORMATION

SSN: _____ Date Of Birth _____ Invoice Number: _____

Applicant's Name: _____ Application ID: _____

License Number: _____

Mailing Address _____

Home Address _____

Contact Phone _____

Email Address _____

FEE INFORMATION

Renewal Fee _____

Unlicensed Activity Fee _____

Paper Processing Fee _____

Total Fees Due: _____

BACKGROUND QUESTIONS

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statutes:

1. Any felony, no matter when committed
2. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.
3. Any other misdemeanor not already disclosed under subparagraph b. that was committed within the five (5) years immediately preceding the date this application is submitted.

"Principal" is defined as follows (see section 497.005(58), Florida Statutes) "Principal" means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.

Yes/No

No

DEFICIENCIES

EXIT

@ 2000-2

Enter name and click "Continue" button..

Application Advise Profile Update Background Questions Application Review **Affirmation** Checkout Summary

APPLICATION

PRINT

Please complete the following to indicate whether the information and answers provided in this on-line application is true and correct. Please type in the certifying person's name, and press Continue.

CAUTION-This screen does NOT complete the on-line application process. There are several more screens after this screen.

Whoever knowingly given false information in the course of applying for or obtaining a license under this chapter, with intent to mislead the board or a public employee in the performance of her or his official duties, or the act of attempting to obtain or obtaining a license under this chapter by knowingly misleading statements or knowing misrepresentations, constitutes a felony of the third degree.

Under penalties of perjury, I declare that I have read the foregoing application for license and that the facts stated in it are true. I understand that misrepresentation of any fact required to be disclosed through this application is a violation of the Florida Statute 497.152 (4)(f)(g)(h) may result in the denial of your renewal application and/or the revocation of my Funeral Industry licenses(s).

I understand that, per 497 Florida Statutes, all application fees are non-refundable

Last, First Name:

EXIT **BACK** **CONTINUE**

@2000-2022, The State of Florida - All Rights Reserved.

Select credit card and click "Continue" button..

Select "OK."

Enter customer information and click "Next" button.

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Convenience Fee		1	
2	Service Amount		1	
Total				

Payment

Payment Type

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *
United States

First Name *
Test

Last Name *
Payment

Address *
200 E Gaines St

Address 2

City *
Tallahassee

State *
FL - Florida

ZIP/Postal Code *
32301

Phone Number
8504131577

Email *

Next >

Payment Information

Cancel

Transaction Summary

Convenience Fee
Service Amount

TOTAL

Need Help?

Please complete the Customer Information Section.

Enter valid payment information and click "Next" button..

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Convenience Fee		1	
2	Service Amount		1	
Total				

Payment

Payment Type

Credit/Debit Card

Customer Information

Address

Test Payment
200 E Gaines St
Tallahassee, FL 32301

Phone Number

8504131577

Country

United States

Email Address

Test@myfloridacfo.com

Edit

Payment Information

Credit Card Number *

Credit Card Type

MasterCard

DISCOVER

AMERICAN EXPRESS

Expiration Month *

Expiration Year *

Security Code *

Name on Credit Card *

Test Payment

☒ Payment Address is the same as Customer Information *

Next >

Cancel

Transaction Summary

Convenience Fee	
Service Amount	
TOTAL	\$

Need Help?

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

Click "Submit Payment" button.

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Convenience Fee		1	
2	Service Amount		1	
Total				

Payment

Payment Type

Credit/Debit Card

Customer Information

Address

Test Payment
200 E Gaines St
Tallahassee, FL 32301

Phone Number

8504131577

Country

United States

Email Address

Test@myfloridacfo.com

Edit

Payment Information

Credit Card

Name on Credit Card

Test Payment

Edit

Cancel

Submit Payment

Transaction Summary

Convenience Fee	
Service Amount	
TOTAL	

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Submit Payment.

Select "Continue" button. User will be redirected to FCCS eAppoint website with confirmation number.

Click on "Exit" button..

Application processing using E-Check payment.

Login to FACS-DICE.

Locate Apply Help public

Welcome

To expedite your renewal, please verify in your profile that all Continuing Education classes have been completed and uploaded prior to completing the renewal payment.

Thank you for accessing the Department of Financial Services' Division of Funeral, Cemetery and Consumer Services Licensee Database. The system is operational, 7 days a week from 7:00 AM until midnight.

Licensee Provider Non-Licensees and Potential Providers

Licensee

[CLICK HERE](#) to view the tutorial on how to navigate this site.

PLEASE CLICK HERE TO REGISTER FOR THIS SITE:

- Already licensed with the Division of Funeral, Cemetery and Consumer Services, but this your first visit to our site.

If you encounter any problems while using this system, please contact the Department Monday - Friday between the hours of 8:00 am and 5:00 pm at 850-413-3039.

@2000-2022, - The State of Florida - All Rights Reserved. Disclaimer.

Click "Renew License" link.

Locate Compliance Administrative Help Logout [Licensee]

Home > In-Box
USER: [redacted]

LICENSES

Valid [redacted] CE Status

Pending
You currently have no pending license applications.

ALERTS

☐ Please verify that your Addresses are correct..

Current Mailing Address
[redacted]

[VIEW/UPDATE PROFILE](#)

Apply

[Renew License](#)

Links of Interest

[Division Web Site](#)

@2000-2022, - The State of Florida - All Rights Reserved. Disclaimer.

Select invoice and click "Continue" button.

Locate Compliance Administrative Help Logout [Licensee]

Home > In-Box > License Renewal

USER: [REDACTED]

Invoice Number	Name	License Number - License Type	Renewal Due Date	Renewal Fee	Late Fee
☒	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Back Continue

@2000-2022, - The State of Florida - All Rights Reserved. Disclaimer.

Click "Continue" button. .

Application Advise Profile Update Background Questions Application Review Affirmation Checkout Summary

Information for Successful Processing of Your Application

- 1. PRINTER CAPABILITIES:**

You will need printer capabilities.
- 2. NON-REFUNDABLE FEES:**

In accordance with chapter 497, Florida Statutes, renewal license application fees submitted are non-refundable.
- 3. COMPLETION OF YOUR APPLICATION:**

Your application is **NOT** complete until you select a method of payment. Do not exit the system until you reach the page that advises that your application is complete.
- 4. THE FOLLOWING FORMS OF PAYMENT ARE ACCEPTED FOR APPLICATIONS:**

Credit Cards: While we do not accept Visa, all other credit cards are permitted (MasterCard, American Express, and Discover). Please keep in mind, a convenience fee will be applied if you choose this method of payment.

eCheck: eCheck works similar to paper checks and does not incur a convenience fee. A check's routing and account number are entered, then withdrawn much like using an account's debit card.

EXIT CONTINUE

@2000-2022, The State of Florida - All Rights Reserved.

Verify/update phone and/or fax number and click on "Continue" button.

Application Advise **Profile Update** Background Questions Application Review Affirmation Checkout Summary

APPLICANT INFORMATION

Application Contact

Name: [Redacted]
License Number: [Redacted]
Home Address: [Redacted]
Preferred Mailing Address: [Redacted]
Email: [Redacted]
Primary Phone: [Redacted]
Secondary Phone: [Redacted]
Business Phone: [Redacted] xt: [Redacted]
Mobile Phone: ([Redacted]) [Redacted] - [Redacted]
Fax: ([Redacted]) [Redacted] - [Redacted]

EXIT **BACK** **CONTINUE**

©2000-2022, The State of Florida - All Rights Reserved.

Enter requested information and click "Continue" button..

Application Advise	Profile update	Background Questions	Application Review	Affirmation	Checkout	Summary
------------------------------------	--------------------------------	--------------------------------------	------------------------------------	-----------------------------	--------------------------	-------------------------

Background Questions

License Questions

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statutes:

1. Any felony no matter when committed.
2. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.
3. Any other misdemeanor not already disclosed under question b. above, which was committed within the five (5) years immediately preceding the date this application is submitted.

"Principal" is defined as follows (see section 497.005(58), Florida Statutes) "Principal" means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.

☐ Yes
☐ No

2160330

Click "Continue" button.

Application Advise	Profile Update	Background Questions	Application Review	Affirmation	Checkout	Summary
--------------------	----------------	----------------------	---------------------------	-------------	----------	---------

APPLICATION REVIEW

PRINT

After you have confirmed that the application is complete and correct, we recommend that you print this page for your records. Please review the data and answers entered so far. If any are incorrect, you will need to restart this application process.

CAUTION--This screen does NOT complete the on-line application process. There are additional screens to process before your application is deemed complete.

Florida Department of Financial Services

Division of Funeral, Cemetery & Consumer Services

APPLICANT INFORMATION

SSN: [REDACTED] Date of Birth: [REDACTED]

Applicant's Name: [REDACTED]

Home Address [REDACTED]

Mailing Address [REDACTED]

Contact Phone [REDACTED] Email Address [REDACTED]

FEE SUMMARY

Renewal License(s) Applied For: [REDACTED]

Application ID Number: [REDACTED] Invoice Number: [REDACTED] License Number: [REDACTED]

Renewal Fee [REDACTED]
Unlicensed Activity Fee [REDACTED]

Total Fees Due: [REDACTED]

Application to Renew License

(Continued on next page)

(Continued from prior page)

LICENSE RENEWAL APPLICATION

APPLICANT INFORMATION

SSN: _____ Date Of Birth _____ Invoice Number: _____

Applicant's Name: _____ Application ID: _____

License Number: _____

Mailing Address _____

Home Address _____

Contact Phone _____

Email Address _____

FEE INFORMATION

Renewal Fee Unlicensed _____

Activity Fee Paper _____

Processing Fee _____

Total Fees Due: _____

BACKGROUND QUESTIONS

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statutes:

1. Any felony no matter when committed
2. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.
3. Any other misdemeanor not already disclosed under subparagraph b. that was committed within the five (5) years immediately preceding the date this application is submitted.

"Principal" is defined as follows (see section 497.005(58), Florida Statutes) "Principal" means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.

Yes/No

No

DEFICIENCIES

EXIT

@ 2000-2

Enter requested information and click "Continue" button.

Application Advise

Profile Update

Background Questions

Application Review

Affirmation

Checkout

Summary

APPLICATION

PRINT

Please complete the following to indicate whether the information and answers provided in this on-line application is true and correct. Please type in the certifying person's name, and press Continue.

CAUTION-This screen does **NOT** complete the on-line application process. There are several more screens after this screen.

Whoever knowingly given false information in the course of applying for or obtaining a license under this chapter, with intent to mislead the board or a public employee in the performance of her or his official duties, or the act of attempting to obtain or obtaining a license under this chapter by knowingly misleading statements or knowing misrepresentations, constitutes a felony of the third degree.

Under penalties of perjury, I declare that I have read the foregoing application for license and that the facts stated in it are true. I understand that misrepresentation of any fact required to be disclosed through this application is a violation of the Florida Statute 497.152 (4)(f)(g)(h) may result in the denial of your renewal application and/or the revocation of my Funeral Industry licenses(s).

I understand that, per 497 Florida Statutes, all application fees are non-refundable

Last, First Name:

EXIT

BACK

CONTINUE

@2000-2022, The State of Florida - All Rights Reserved.

Select e-check and click "Continue" button..

Application Advise Profile Update Background Questions Application Review Affirmation **Checkout** Summary

CHECKOUT

Please select payment type below, then continue.

Name: [REDACTED]
SSN: [REDACTED]
Mailing Address: [REDACTED]

Renewal License(s) Applied For:	License Type(s)	Count
	[REDACTED]	1

Itemized Fees: [REDACTED] Total Amount Due: [REDACTED]

Pay By: ☐ Credit Card (Discover, Mastercard, American Express)
☒ E-Check
☐ Mail in Payment

EXIT **BACK** **CONTINUE**

[REDACTED] @2000-2022, The State of Florida - All Rights Reserved.

Select "OK".

facsaalfdev.fldfs.com says

ATTENTION!!

Echeck customers must contact their financial institution prior to selecting this payment method to provide the following required ACH ID number.

ACH ID number: [REDACTED]

After providing the ACH ID number to your financial institution you will not be required to provide them again.

Note: Failure to provide the required ACH ID number may result in rejection of payment by your financial institution.

OK **Cancel**

Application **Advise**

Renewal License(s) Applied For: **License Type(s)** **Count**

[REDACTED] 1

Itemized Fees: **Total Amount Due:** [REDACTED]

Pay By: ☐ Credit Card (Discover, Mastercard, American Express) ☒ E-Check ☐ Mail in Payment

EXIT **BACK** **CONTINUE**

@2000-2022, The State of Florida - All Rights Reserved.

Select payment type and click "Next" button.

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Service Amount		1	
Total				

Payment

Payment Type

Payment Type *

Electronic Check

☐ Select if this payment is being funded specifically by a **FOREIGN** source (bank or company), an International ACH Transaction ("IAT").

Next >

Customer Information

Payment Information

Cancel

Transaction Summary

Service Amount	
TOTAL	

Need Help?

Select Payment Method and Continue to proceed with payment.

Enter customer information and click "Next" button.

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Service Amount		1	
Total				

Payment

Payment Type

Electronic Check

Customer Information

Complete all required fields [*]

Country *
United States

First Name *
Test

Last Name *
Payment

Address *
200 E Gaines St

Address 2

City *
Tallahassee

State *
FL - Florida

ZIP/Postal Code *
32301

Phone Number
8504131577

Email *
Test@myfloridacfo.com

Next

Payment Information

Cancel

Transaction Summary

Service Amount

TOTAL

Need Help?

Please complete the Customer Information Section.

Enter valid payment information and click "Next" button.

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Service Amount		1	
Total				

Payment

Payment Type ✓

Electronic Check

Customer Information ✓

Address

Test Payment
200 E. Gaines St
Tallahassee, FL 32301

Phone Number

8504131577

Country

United States

Email Address

Test@myfloridacfo.com

Edit

Payment Information Complete all required fields [*]

Name on Account *

Test Payment ✓

☐ This is a business account.

Routing Number *

012345678

BANK OF AMERICA, N.A.

Account Number * ?

01234567890

Re-enter Account Number. *

01234567890

☒ Checking ☐ Savings

Pay

012345678

01234567890

Routing Number

Account Number

☒ Payment Address is the same as Customer Information *

Next >

Cancel

Transaction Summary

Service Amount

TOTAL

Need Help?

You have selected to pay by Electronic Check.
Complete Customer Billing Information and enter
Electronic Check Information.

Form DFS-N1-1782; Application for Funeral Director and Embalmer Licensure Renewal
Rule 69K-17.0025, F.A.C.; effective 07/26

Page 24 of 41

Click "Submit Payment" button.

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Service Amount		1	
Total				

Payment

Payment Type

✓

Electronic Check

Customer Information

✓

Address

Test Payment
200 E Gaines St
Tallahassee, FL 32301

Phone Number

8504131577

Country

United States

Email Address

Test@myfloridacfo.com

Edit

Payment Information

✓

Electronic Check

****3452

Name on Account

Test Payment

Edit

Terms and Conditions

[Open a new window to print](#)

850-413-3039.
7. I understand the Originating ID for this transaction is . Please
make sure your banking institution has released any debit blocks (if applicable) for
this ID to ensure successful payment.
8. I (we) agree that ACH transactions I (we) authorized comply with all applicable
NACHA Rules and all applicable US law and the laws governing DFS - Funeral,
Cemetery and Consumer Services's state.

☒ Yes, I authorize this transaction.

Cancel

Submit Payment

Transaction Summary

Service Amount	
TOTAL	

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Submit Payment.

Form DFS-N1-1782; Application for Funeral Director and Embalmer Licensure Renewal
Rule 69K-17.0025, F.A.C.; effective 07/26

Page 25 of 41

Click "Continue" button. User will be redirected to FCCS eAppoint website with confirmation number.

Click "Exit" button..

Application processing using Mail in payment.

Login to FACS-DICE.

Click "Renew License" link.

Select invoice and click "Continue" button.

The screenshot shows a web application interface for license renewal. At the top, there is a navigation bar with links: Locate, Compliance, Administrative, Help, Logout, and [Licensee]. Below the navigation bar, the breadcrumb trail reads: Home > In-Box > License Renewal. The user is identified as USER: [redacted]. A table with the following columns is displayed: Invoice Number, Name, License Number - License Type, Renewal Due Date, Renewal Fee, and Late Fee. The first row of the table is highlighted with a radio button in the first column. Below the table are two buttons: Back and Continue. At the bottom of the page, a footer reads: ©2000-2022, - The State of Florida - All Rights Reserved. Disclaimer.

Click "Continue" button.

The screenshot shows a page titled "Information for Successful Processing of Your Application". The page has a navigation bar with links: Application Advise, Profile Update, Background Questions, Application Review, Affirmation, Checkout, and Summary. The page content is organized into four numbered sections:

- 1. PRINTER CAPABILITIES:**

You will need printer capabilities.
- 2. NON-REFUNDABLE FEES:**

In accordance with chapter 497, Florida Statutes, renewal license application fees submitted are non-refundable.
- 3. COMPLETION OF YOUR APPLICATION:**

Your application is **NOT** complete until you select a method of payment. Do not exit the system until you reach the page that advises that your application is complete.
- 4. THE FOLLOWING FORMS OF PAYMENT ARE ACCEPTED FOR APPLICATIONS:**

Credit Cards: While we do not accept Visa, all other credit cards are permitted (MasterCard, American Express, and Discover). Please keep in mind, a convenience fee will be applied if you choose this method of payment.

eCheck: eCheck works similar to paper checks and does not incur a convenience fee. A check's routing and account number are entered, then withdrawn much like using an account's debit card.

At the bottom of the page, there are two buttons: EXIT and CONTINUE. A footer at the bottom reads: ©2000-2022, The State of Florida - All Rights Reserved.

Verify/update phone and/or fax number and click on "Continue" button.

Application Advise **Profile Update** Background Questions Application Review Affirmation Checkout Summary

APPLICANT INFORMATION

Application Contact

Name:
License Number:
Home Address:
Preferred Mailing Address:
Email:
Primary Phone:
Secondary Phone:
Business Phone:
Mobile Phone:
Fax:

Ext: 0

EXIT BACK CONTINUE

©2000-2022, The State of Florida - All Rights Reserved.

Enter requested information and click "Continue" button.

Application Advise	Profile update	Background Questions	Application Review	Affirmation	Checkout	Summary
------------------------------------	--------------------------------	--------------------------------------	------------------------------------	-----------------------------	--------------------------	-------------------------

Background Questions

License Questions

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statutes:

1. Any felony no matter when committed.
2. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.
3. Any other misdemeanor not already disclosed under question b. above, which was committed within the five (5) years immediately preceding the date this application is submitted.

"Principal" is defined as follows (see section 497.005(58), Florida Statutes) "Principal" means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.

☐ Yes
☐ No

2160330

Click "Continue" button.

Application Advise	Profile Update	Background Questions	Application Review	Affirmation	Checkout	Summary
--------------------	----------------	----------------------	--------------------	-------------	----------	---------

APPLICATION REVIEW

PRINT

After you have confirmed that the application is complete and correct, we recommend that you print this page for your records. Please review the data and answers entered so far. If any are incorrect, you will need to restart this application process.

CAUTION--This screen does NOT complete the on-line application process. There are additional screens to process before your application is deemed complete.

Florida Department of Financial Services
Division of Funeral, Cemetery & Consumer Services

APPLICANT INFORMATION

SSN: [REDACTED] Date of Birth: [REDACTED]

Applicant's Name: [REDACTED]

Home Address [REDACTED]

Mailing Address [REDACTED]

Contact Phone [REDACTED] Secondary Phone [REDACTED] Email Address [REDACTED]

FEE SUMMARY

Renewal License(s) Applied For: [REDACTED]

Application ID Number: [REDACTED] Invoice Number: [REDACTED] License Number: [REDACTED]

Renewal Fee [REDACTED]
Unlicensed Activity Fee [REDACTED]

Total Fees Due: [REDACTED]

Application to Renew License

(Continued on next page)

(Continued from prior page)

LICENSE RENEWAL APPLICATION

APPLICANT INFORMATION

SSN: _____ Date Of Birth _____ Invoice Number: _____

Applicant's Name: _____ Application ID: _____

License Number: _____

Mailing Address _____

Home Address _____

Contact Phone _____ Email Address _____

FEE INFORMATION

Renewal Fee Unlicensed
Activity Fee Paper
Processing Fee

Total Fees Due: _____

BACKGROUND QUESTIONS

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statutes:

1. Any felony, no matter when committed
2. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.
3. Any other misdemeanor not already disclosed under subparagraph b. that was committed within the five (5) years immediately preceding the date this application is submitted.

"Principal" is defined as follows (see section 497.005(58), Florida Statutes) "Principal" means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.

Yes/No

No

DEFICIENCIES

EXIT

© 2000-2

Enter name and click "Continue" button.

Application Advise	Profile Update	Background Questions	Application Review	Affirmation	Checkout	Summary
-----------------------	-------------------	-------------------------	-----------------------	-------------	----------	---------

APPLICATION

PRINT

Please complete the following to indicate whether the information and answers provided in this on-line application is true and correct. Please type in the certifying person's name, and press Continue.

CAUTION-This screen does NOT complete the on-line application process. There are several more screens after this screen.

Whoever knowingly given false information in the course of applying for or obtaining a license under this chapter, with intent to mislead the board or a public employee in the performance of her or his official duties, or the act of attempting to obtain or obtaining a license under this chapter by knowingly misleading statements or knowing misrepresentations, constitutes a felony of the third degree.

Under penalties of perjury, I declare that I have read the foregoing application for license and that the facts stated in it are true. I understand that misrepresentation of any fact required to be disclosed through this application is a violation of the Florida Statute 497.152 (4)(f)(g)(h) may result in the denial of your renewal application and/or the revocation of my Funeral Industry licenses(s).

I understand that, per 497 Florida Statutes, all application fees are non-refundable

Last, First Name:

EXIT

BACK

CONTINUE

@2000-2022, The State of Florida - All Rights Reserved.

Select "Mail in Payment" and click "Continue" button.

The screenshot shows the 'CHECKOUT' page of the DFS application. At the top, a navigation bar includes links for 'Application Advise', 'Profile Update', 'Background Questions', 'Application Review', 'Affirmation', 'Checkout' (which is highlighted with an upward arrow), and 'Summary'. Below the navigation bar, the word 'CHECKOUT' is centered in a large, bold, blue font. A red instruction reads: 'Please select payment type below, then continue.' Below this, there are three fields: 'Name:', 'SSN:', and 'Mailing Address:', each followed by a black redaction box. A horizontal line separates this from a table. The table has two columns: 'Renewal License(s) Applied For:' and 'Count'. The first row shows 'License Type(s)' followed by a black redaction box, and the count is '1'. Another horizontal line follows. Below it, there are two fields: 'Itemized Fees:' and 'Total Amount Due:', both followed by black redaction boxes. A horizontal line separates this from the 'Pay By:' section. The 'Pay By:' section has three radio button options: 'Credit Card (Discover, Mastercard, American Express)', 'E-Check', and 'Mail in Payment'. The 'Mail in Payment' option is selected with a filled radio button. At the bottom of the form, there are three buttons: 'EXIT', 'BACK', and 'CONTINUE'. The 'CONTINUE' button is highlighted in blue. At the very bottom of the page, there is a footer with the text 'DFS-H2-2022' on the left and '@2000-2022, The State of Florida - All Rights Reserved.' on the right.

Application Advise Profile Update Background Questions Application Review Affirmation **Checkout** Summary

CHECKOUT

Please select payment type below, then continue.

Name: [Redacted]
SSN: [Redacted]
Mailing Address: [Redacted]

Renewal License(s) Applied For:	Count
License Type(s) [Redacted]	1

Itemized Fees: [Redacted] Total Amount Due: [Redacted]

Pay By: ☐ Credit Card (Discover, Mastercard, American Express)
☐ E-Check
☒ Mail in Payment

EXIT **BACK** **CONTINUE**

DFS-H2-2022 @2000-2022, The State of Florida - All Rights Reserved.

Select "OK".

**JIMMY F.**
FLORIDA

facsaalfdev.fldfs.com says

If you click OK you will no longer have the option to pay your renewal electronically AND an additional 'Paper Processing Fee' of \$25 per license will be added to the cost of your renewal.

The printed renewal invoice will have the address and instructions on how to complete your renewal. To continue with this action click OK.

If you would like To renew online, please click CANCEL below and return to the payment screen and select 'Credit Card' or 'eCheck' to continue your renewal.

OK

Cancel

Application
Advise

Pr
U

Logout

Summary

e.

M

Renewal License(s) Applied For:

License Type(s)

Count

Itemized Fees:

Total Amount Due:

Pay By:

☐ Credit Card (Discover, Mastercard, American Express)

☐ E-Check

☒ Mail in Payment

EXIT

BACK

CONTINUE

@2000-2022, The State of Florida - All Rights Reserved.

Click "Continue" button.

Application Advise	Profile Update	Background Questions	Application Review	Affirmation	Checkout	Summary
--------------------	----------------	----------------------	--------------------	-------------	-----------------	---------

PAYMENT

PRINT

Florida Department of Financial Services
Division of Funeral, Cemetery & Consumer Services

APPLICANT INFORMATION

SSN: [REDACTED] Date Of Birth [REDACTED]

Applicant's Name: [REDACTED]

Home Address [REDACTED]

Mailing Address [REDACTED]

Contact Phone [REDACTED] Secondary Phone [REDACTED] Email Address [REDACTED]

FEE SUMMARY

Renewal License(s) Applied For: [REDACTED]

Application ID Number: [REDACTED] Invoice Number: [REDACTED] License Number: [REDACTED]

Renewal Fee [REDACTED]
Unlicensed Activity Fee [REDACTED]
Paper Processing Fee [REDACTED]

Total Fees Due: [REDACTED]

Florida Department of Financial Services
Division of Funeral, Cemetery & Consumer Services
Invoice to Renew License

Please read and follow all instructions carefully.
August 12, 2022 Invoice Number: [REDACTED]

[REDACTED]

DEAR LICENSEE:

This is an informational notice to inform you that it is time to renew your license identified below for another 2-year period. **To renew your license please complete all sections of the attached license renewal application and return with payment by AUGUST 31, 2021** or your license will be delinquent.

If you are **NOT** renewing your license, please notify the Division of Funeral, Cemetery and Consumer Services in writing upon receipt of this notice. If you fail to timely renew your license by **AUGUST 31, 2021**, your license becomes delinquent. Without a valid license, you must cease and desist from engaging in any activity for which you must be licensed. Any license that remains in delinquent status for an entire two-year license cycle becomes null and void and any subsequent licensure shall be only as a result of applying for and meeting all requirements imposed on an applicant for new licensure pursuant to section 497.365 (6), Florida Statutes.

Please note that you will **NOT** receive further reminders from the Department concerning the renewal of this license.

License Type: [REDACTED]

(Continued on next page)

(Continued from prior page)

License Type: [REDACTED]

(Renewal Fee after **AUGUST 31, 2021** is: [REDACTED])

The process of renewing a license by mail may take two (2) to four (4) weeks. Please **allow sufficient time** before calling to confirm the receipt of fees or the status of your license. You may find additional information concerning your profession at: www.myfloridacfo.com/division/FuneralCemetery/. If you have questions, call the Division office at 850-413-3039.

To renew license, mail a copy of this completed renewal application with your check or money order payable to:

Department of Financial Services

Attn: Revenue Processing Section

P.O. Box 6100

Tallahassee, Florida 32314-6100

LICENSE RENEWAL APPLICATION

APPLICANT INFORMATION

SSN: [REDACTED] Date Of Birth [REDACTED] Invoice Number: [REDACTED]

Applicant's Name: [REDACTED] Application ID: [REDACTED]

License Number: [REDACTED]

Mailing Address [REDACTED]

Home Address [REDACTED]

Contact Phone [REDACTED]

Email Address [REDACTED]

FEE INFORMATION

Renewal Fee Unlicensed [REDACTED]

Activity Fee Paper [REDACTED]

Processing Fee [REDACTED]

Total Fees Due: [REDACTED]

BACKGROUND QUESTIONS

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statutes:

1. Any felony no matter when committed
2. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.
3. Any other misdemeanor not already disclosed under subparagraph b. that was committed within the five (5) years immediately preceding the date this application is submitted.

"Principal" is defined as follows (see section 497.005(58), Florida Statutes) "Principal" means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.

Yes/No

No

DEFICIENCIES

EXIT

© 2000-2

Appendix

Pages 9 and 23

The dropdown menu for “Country” provides the following options:

<u>Afghanistan</u>	<u>Cambodia</u>	<u>Finland</u>	<u>Jersey</u>
<u>Aland Islands</u>	<u>Cameroon</u>	<u>France</u>	<u>Jordan</u>
<u>Albania</u>	<u>Canada</u>	<u>French Guiana</u>	<u>Kazakhstan</u>
<u>Algeria</u>	<u>Cape Verde</u>	<u>French Polynesia</u>	<u>Kenya</u>
<u>American Samoa</u>	<u>Cayman Islands</u>	<u>French Southern Territories</u>	<u>Kiribati</u>
<u>Andorra</u>	<u>Central African Republic</u>	<u>Gabon</u>	<u>Korea, Democratic People's Republic of</u>
<u>Angola</u>	<u>Chile</u>	<u>Gambia</u>	<u>Korea, Republic of</u>
<u>Anguilla</u>	<u>China</u>	<u>Georgia</u>	<u>Kuwait</u>
<u>Antarctica</u>	<u>Christmas Island</u>	<u>Germany</u>	<u>Kyrgyzstan</u>
<u>Antigua and Barbuda</u>	<u>Cocos (Keeling) Islands</u>	<u>Ghana</u>	<u>Lao People's Democratic Republic</u>
<u>Argentina</u>	<u>Comoros</u>	<u>Gibraltar</u>	<u>Latvia</u>
<u>Armenia</u>	<u>Congo</u>	<u>Greece</u>	<u>Lebanon</u>
<u>Aruba</u>	<u>Congo, the Democratic Republic of the</u>	<u>Greenland</u>	<u>Lesotho</u>
<u>Australia</u>	<u>Cook Islands</u>	<u>Grenada</u>	<u>Liberia</u>
<u>Austria</u>	<u>Costa Rica</u>	<u>Guadeloupe</u>	<u>Libya</u>
<u>Azerbaijan</u>	<u>Côte d'Ivoire</u>	<u>Guam</u>	<u>Liechtenstein</u>
<u>Bahamas</u>	<u>Croatia</u>	<u>Guatemala</u>	<u>Lithuania</u>
<u>Bahrain</u>	<u>Cuba</u>	<u>Guernsey</u>	<u>Luxembourg</u>
<u>Bangladesh</u>	<u>Curaçao</u>	<u>Guinea</u>	<u>Macao</u>
<u>Barbados</u>	<u>Cyprus</u>	<u>Guinea-Bissau</u>	<u>Macedonia, the former Yugoslav Republic of</u>
<u>Belarus</u>	<u>Czech Republic</u>	<u>Guyana</u>	<u>Malawi</u>
<u>Belgium</u>	<u>Denmark</u>	<u>Haiti</u>	<u>Malaysia</u>
<u>Belize</u>	<u>Djibouti</u>	<u>Heard Island and McDonald Islands</u>	<u>Maldives</u>
<u>Benin</u>	<u>Dominica</u>	<u>Holy See (Vatican City State)</u>	<u>Mali</u>
<u>Bermuda</u>	<u>Dominican Republic</u>	<u>Honduras</u>	<u>Malta</u>
<u>Bhutan</u>	<u>Ecuador</u>	<u>Hong Kong</u>	<u>Marshall Islands</u>
<u>Bolivia, Plurinational State of</u>	<u>Egypt</u>	<u>Hungary</u>	<u>Martinique</u>
<u>Bonaire, Sint Eustatius and Saba</u>	<u>El Salvador</u>	<u>Iceland</u>	<u>Mauritania</u>
<u>Bosnia and Herzegovina</u>	<u>Equatorial Guinea</u>	<u>India</u>	<u>Mauritius</u>
<u>Botswana</u>	<u>Eritrea</u>	<u>Indonesia</u>	<u>Mayotte</u>
<u>Bouvet Island</u>	<u>Estonia</u>	<u>Iran, Islamic Republic of</u>	<u>Mexico</u>
<u>Brazil</u>	<u>Ethiopia</u>	<u>Iraq</u>	<u>Micronesia, Federated States of</u>
<u>British Indian Ocean Territory</u>	<u>Falkland Islands</u>	<u>Ireland</u>	
<u>Brunei Darussalam</u>	<u>Maldives</u>	<u>Isle of Man</u>	
<u>Bulgaria</u>	<u>Maldives</u>	<u>Israel</u>	
<u>Burundi</u>	<u>Fiji</u>	<u>Italy</u>	
		<u>Jamaica</u>	
		<u>Japan</u>	

<u>Moldova,</u>
<u>Republic of</u>
<u>Monaco</u>
<u>Mongolia</u>
<u>Montenegro</u>
<u>Montserrat</u>
<u>Morocco</u>
<u>Mozambique</u>
<u>Myanmar</u>
<u>Namibia</u>
<u>Nauru</u>
<u>Nepal</u>
<u>Netherlands</u>
<u>New Caledonia</u>
<u>New Zealand</u>
<u>Nicaragua</u>
<u>Niger</u>
<u>Nigeria</u>
<u>Niue</u>
<u>Norfolk Island</u>
<u>Northern</u>
<u>Mariana Islands</u>
<u>Norway</u>
<u>Oman</u>
<u>Pakistan</u>
<u>Palau</u>
<u>Palestine,</u>
<u>State of</u>
<u>Panama</u>
<u>Papua New</u>
<u>Guinea</u>
<u>Paraguay</u>
<u>Peru</u>
<u>Philippines</u>

<u>Pitcairn</u>
<u>Poland</u>
<u>Portugal</u>
<u>Puerto Rico</u>
<u>Qatar</u>
<u>Réunion</u>
<u>Romania</u>
<u>Russian</u>
<u>Federation</u>
<u>Rwanda</u>
<u>Saint Barthélemy</u>
<u>Saint Helena,</u>
<u>Ascension and</u>
<u>Tristan da Cunha</u>
<u>Saint Kitts</u>
<u>and Nevis</u>
<u>Saint Lucia</u>
<u>Saint Martin</u>
<u>(French part)</u>
<u>Saint Pierre</u>
<u>and Miquelon</u>
<u>Saint</u>
<u>Vincent and</u>
<u>the</u>
<u>Samoa</u>
<u>Samoa</u>
<u>San Marino</u>
<u>Sao Tome</u>
<u>and Principe</u>
<u>Saudi Arabia</u>
<u>Senegal</u>
<u>Serbia</u>
<u>Seychelles</u>
<u>Sierra Leone</u>
<u>Singapore</u>

<u>Sint Maarten</u>
<u>(Dutch part)</u>
<u>Slovakia</u>
<u>Slovenia</u>
<u>Solomon Islands</u>
<u>Somalia</u>
<u>South Africa</u>
<u>South Georgia</u>
<u>and the South</u>
<u>Sandwich Islands</u>
<u>South Sudan</u>
<u>Spain</u>
<u>Sri Lanka</u>
<u>Sudan</u>
<u>Suriname</u>
<u>Svalbard and</u>
<u>Jan Mayen</u>
<u>Swaziland</u>
<u>Sweden</u>
<u>Switzerland</u>
<u>Syrian Arab</u>
<u>Republic</u>
<u>Taiwan,</u>
<u>Province of</u>
<u>Tajikistan</u>
<u>Tanzania,</u>
<u>United Republic</u>
<u>of Thailand</u>
<u>Timor-Leste</u>
<u>Togo</u>
<u>Tokelau</u>
<u>Tonga</u>
<u>Trinidad and</u>
<u>Tobago</u>

<u>Tunisia</u>
<u>Turkey</u>
<u>Turkmenistan</u>
<u>Turks and</u>
<u>Caicos Islands</u>
<u>Tuvalu</u>
<u>Uganda</u>
<u>Ukraine</u>
<u>United Arab</u>
<u>Emirates</u>
<u>United Kingdom</u>
<u>United States</u>
<u>United States</u>
<u>Minor</u>
<u>Outlying</u>
<u>Islands</u>
<u>Uzbekistan</u>
<u>Vanuatu</u>
<u>Venezuela,</u>
<u>Bolivarian</u>
<u>Republic of</u>
<u>Viet Nam</u>
<u>Virgin</u>
<u>Islands,</u>
<u>British</u>
<u>Islands, U.S.</u>
<u>Wallis and</u>
<u>Futuna</u>
<u>Western Sahara</u>
<u>Yemen</u>
<u>Zambia</u>
<u>Zimbabwe</u>

The dropdown menu for “State” provides the following options:

<u>AA - Armed Forces Americas</u>	<u>IN - Indiana</u>	<u>ND - North Dakota</u>
<u>AE - Armed Forces Europe</u>	<u>IA - Iowa</u>	<u>MP - Northern Mariana Islands</u>
<u>AP - Armed Forces Pacific</u>	<u>KS - Kansas</u>	<u>OH - Ohio</u>
<u>AL – Alabama</u>	<u>KY - Kentucky</u>	<u>OK - Oklahoma</u>
<u>AK – Alaska</u>	<u>LA - Louisiana</u>	<u>OR - Oregon</u>
<u>AS - American Samoa</u>	<u>ME - Maine</u>	<u>PW - Palau</u>
<u>AZ – Arizona</u>	<u>MH - Marshall Islands</u>	<u>PA - Pennsylvania</u>
<u>AR – Arkansas</u>	<u>MD - Maryland</u>	<u>PR - Puerto Rico</u>
<u>CA - California</u>	<u>MA - Massachusetts</u>	<u>RI - Rhode Island</u>
<u>CO - Colorado</u>	<u>MI - Michigan</u>	<u>SC - South Carolina</u>
<u>CT - Connecticut</u>	<u>MN - Minnesota</u>	<u>SD - South Dakota</u>
<u>DE - Delaware</u>	<u>MS - Mississippi</u>	<u>TN - Tennessee</u>
<u>DC - District of Columbia</u>	<u>MO - Missouri</u>	<u>TX - Texas</u>
<u>FM - Federated States of Micronesia</u>	<u>MT - Montana</u>	<u>UT - Utah</u>
<u>FL - Florida</u>	<u>NE - Nebraska</u>	<u>VT - Vermont</u>
<u>GA - Georgia</u>	<u>NV - Nevada</u>	<u>VI - Virgin Islands</u>
<u>GU - Guam</u>	<u>NH - New Hampshire</u>	<u>VA - Virginia</u>
<u>HI - Hawaii</u>	<u>NJ - New Jersey</u>	<u>WA - Washington</u>
<u>ID - Idaho</u>	<u>NM - New Mexico</u>	<u>WV - West Virginia</u>
<u>IL - Illinois</u>	<u>NY - New York</u>	<u>WI – Wisconsin</u>
	<u>NC - North Carolina</u>	<u>WY - Wyoming</u>

The dropdown for “Expiration Month” provides the following options:

<u>01 – January</u>
<u>02 – February</u>
<u>03 – March</u>
<u>04 – April</u>
<u>05 – May</u>
<u>06 – June</u>
<u>07 – July</u>
<u>08 – August</u>
<u>09 – September</u>
<u>10 – October</u>
<u>11 – November</u>
<u>12 – December</u>

The dropdown for “Expiration Year” provides the following options:

<u>2024</u>
<u>2025</u>
<u>2026</u>
<u>2027</u>
<u>2028</u>
<u>2029</u>
<u>2030</u>
<u>2031</u>
<u>2032</u>
<u>2033</u>
<u>2034</u>
<u>2035</u>
<u>2036</u>
<u>2037</u>
<u>2038</u>
<u>2039</u>
<u>2040</u>
<u>2041</u>
<u>2042</u>
<u>2043</u>
<u>2044</u>

The dropdown for Payment Type provides the following options:

<u>Credit/Debit Card</u>
<u>Electronic Check</u>