

Application for Direct Disposal Establishment Licensure Renewal

Application processing using Credit Card 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 are links for 'Administrative' and 'Help', a 'Logout' button, and a user status '[Licensee]'. Below this is a breadcrumb trail: 'Home > In-Box > License Renewal'. A 'USER:' label is followed by a redacted name. A table with six 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 redacted, and the 'Late Fee' column shows '\$0.00'. At the bottom of the table area are 'Back' and 'Continue' buttons. The footer contains the text '@2000-2022, - The State of Florida - All Rights Reserved. Disclaimer.'

Invoice Number	Name	License Number - License Type	Renewal Due Date	Renewal Fee	Late Fee
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00

Click "Continue" button.

The screenshot displays a page titled 'Information for Successful Processing of Your Application'. It features a navigation bar with tabs: 'Application Advise' (selected), 'Profile Update', 'Background Questions', 'Application Review', 'Affirmation', 'Checkout', and 'Summary'. The main content area lists 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: This section includes details about 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.') and eChecks ('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 A check's routing and account number are entered, then withdrawn much like using an account's debit card.').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 are 'EXIT' and 'CONTINUE' buttons. The footer text is '@2000-2022, The State of Florida - All Rights Reserved.'

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.

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

The screenshot shows the 'APPLICANT INFORMATION' section of a web application. At the top, a navigation bar includes links for 'Application Advise', 'Profile Update' (which is highlighted with a mouse cursor), 'Background Questions', 'Application Review', 'Affirmation', 'Checkout', and 'Summary'. Below the navigation bar, the section title 'APPLICANT INFORMATION' is centered. Underneath, the 'Application Contact' section is displayed. It contains several labels for user information: 'Name:', 'License Number:', 'Business Address:', 'Preferred Mailing Address:', 'Email:', 'Primary Phone:', 'Secondary Phone:', 'Business Phone:', 'Mobile Phone:', and 'Fax:'. The input fields for these labels are mostly obscured by a large black redaction box. To the right of the 'Business Phone' label, there is a small input field with the text 'xt: 0'. At the bottom of the form, there are three buttons: 'EXIT', 'BACK', and 'CONTINUE'. The footer of the page includes a copyright notice: '@2000-2022, The State of Florida - All Rights Reserved.'

Enter requested information and click "Continue" button.

The screenshot shows the 'Background Questions' section of the web application. The navigation bar at the top is the same as in the previous screenshot, but the 'Background Questions' link is now highlighted with a mouse cursor. The section title 'Background Questions' is centered. Below it, the 'License Questions' section is displayed. It contains a prompt: 'Please provide the name and license number of the licensee in Charge of your establishment.' Below this prompt, there are two labels: 'Last, First Name of the FDIC:' and 'FDIC's License #:'. The input fields for these labels are partially obscured by a black redaction box. At the bottom of the form, there are three buttons: 'EXIT', 'BACK', and 'CONTINUE'. The footer of the page includes a version number '2.1.60310' and a copyright notice: '@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

Please provide below date(s) for FDIC.

Previous FDIC End Date: 06/30/2022

New FDIC Start Date: 07/31/2022

EXIT **BACK** **CONTINUE**

2.1.60315
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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

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Click "Continue" button.

Application Advise	Profile Update	Background Questions	Application Review	Affirmation	Checkout	Summary
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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

FEIN Number:
[REDACTED]

Applicant's Name:
[REDACTED]

Contact Information

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
Inspection Fee
Unlicensed Activity Fee

Total Fees Due: [REDACTED]

Application to Renew License

APPLICANT INFORMATION

FEIN Number: [REDACTED] Invoice Number: [REDACTED]

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

License Number: [REDACTED]

Mailing Address:
[REDACTED]

Business Location Address:
[REDACTED]

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

LICENSE INFORMATION

Renewal License(s) Applied For: [REDACTED]

FEE INFORMATION

Renewal Fee
Inspection Fee
Unlicensed Activity Fee

Total Fees Due: [REDACTED]

BACKGROUND QUESTIONS

(Continued on next page)

(Continued from prior page)

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: My Test

EXIT

BACK

CONTINUE

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Select credit card and click "Continue" button.

Select "OK" button.

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 *
Test@myfloridacfo.com

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				

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.

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

Complete all required fields [*]

Credit Card Number *
[REDACTED]

Credit Card Type

MasterCard

DISCOVER

American Express

Expiration Month *
[REDACTED]

Expiration Year *
[REDACTED]

Security Code *
[REDACTED]

Name on Credit Card *
Test Payment

☒ Payment Address is the same as Customer Information *

Next >

Cancel

Form DFS-N1-1784; Application for Direct Disposal Establishment Licensure Renewal
Rule 69K-23.004, F.A.C.; effective 07/26

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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.

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

Click "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.

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Click "Renew License" link.

Administrative Help Logout [Licensee]

Home > In-Box

USER: [Redacted]

LICENSES

Valid

Lic #	Lic Type	Expire
[Redacted]	[Redacted]	08/31/2021
[Redacted]	[Redacted]	06/30/2021

Pending

[Redacted]

Profile

[VIEW/UPDATE PROFILE](#)

Apply

[Renew License](#)

Links of Interest

[Division Web Site](#)

ALERTS

- ☐ Please verify that your Addresses are correct..
- ☐ Your Pre-need Consumer Protection Trust Found Remittance Report is past due.
- ☐ Your Pre-need Regulatory Trust Fund Remittance Report is past due.
- ☐ Your Pre-need Regulatory Trust Fund Remittance Report is past due.
- ☐ Your Pre-need Consumer Protection Trust Found Remittance Report is past due.
- ☐ Your Direct Disposal Establishment Montly Report is past due.

Select invoice and click "Continue" button.

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]	\$0.00

Back Continue

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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

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Verify and 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]
Business Address: [Redacted]
Preferred Mailing Address: [Redacted]
Email: [Redacted]
Primary Phone: [Redacted]
Secondary Phone: [Redacted]
Business Phone: [Redacted]
Mobile Phone: () -
Fax: () -

EXIT **BACK** **CONTINUE**

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Enter requested information and click "Continue" button.

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

Background Questions

License Questions

Please provide the name and license number of the licensee in Charge of your establishment.

Last, First Name of the FDIC: [Redacted]
FDIC's License #: [Redacted]

EXIT **BACK** **CONTINUE**

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Enter requested information and click "Continue" button.

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

Background Questions

License Questions

Please provide below date(s) for FDIC.

Previous FDIC End Date: 07/31/2022

New FDIC Start Date: 08/01/2022

EXIT BACK CONTINUE

2.1.60315

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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:

- Any felony no matter when committed.
- Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.
- 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

2.1.60330

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

FEIN Number: [REDACTED]

Applicant's Name: [REDACTED]

Contact Information

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]
Inspection Fee [REDACTED]
Unlicensed Activity Fee [REDACTED]

Total Fees Due: [REDACTED]

Application to Renew License

APPLICANT INFORMATION

FEIN Number: [REDACTED] Invoice Number: [REDACTED]

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

License Number: [REDACTED]

Mailing Address [REDACTED]

Business Location Address [REDACTED]

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

LICENSE INFORMATION

Renewal License(s) Applied For: [REDACTED]

FEE INFORMATION

Renewal Fee [REDACTED]
Inspection Fee [REDACTED]
Unlicensed Activity Fee [REDACTED]

Total Fees Due: [REDACTED]

(Continued on next page)

(Continued from prior page)

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.

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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.

Select e-check and click "Continue" button.

Select "OK" button.

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				

Transaction Summary

Service Amount	
TOTAL	

Need Help?

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

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

Name on Account *

Test Payment

☐ This is a business account.

Routing Number *

Account Number *

Re-enter Account Number *

Pay

002345678

00234567800

☒ Checking ☐ Savings

☒ Payment Address is the same as Customer Information *

Next >

Cancel

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

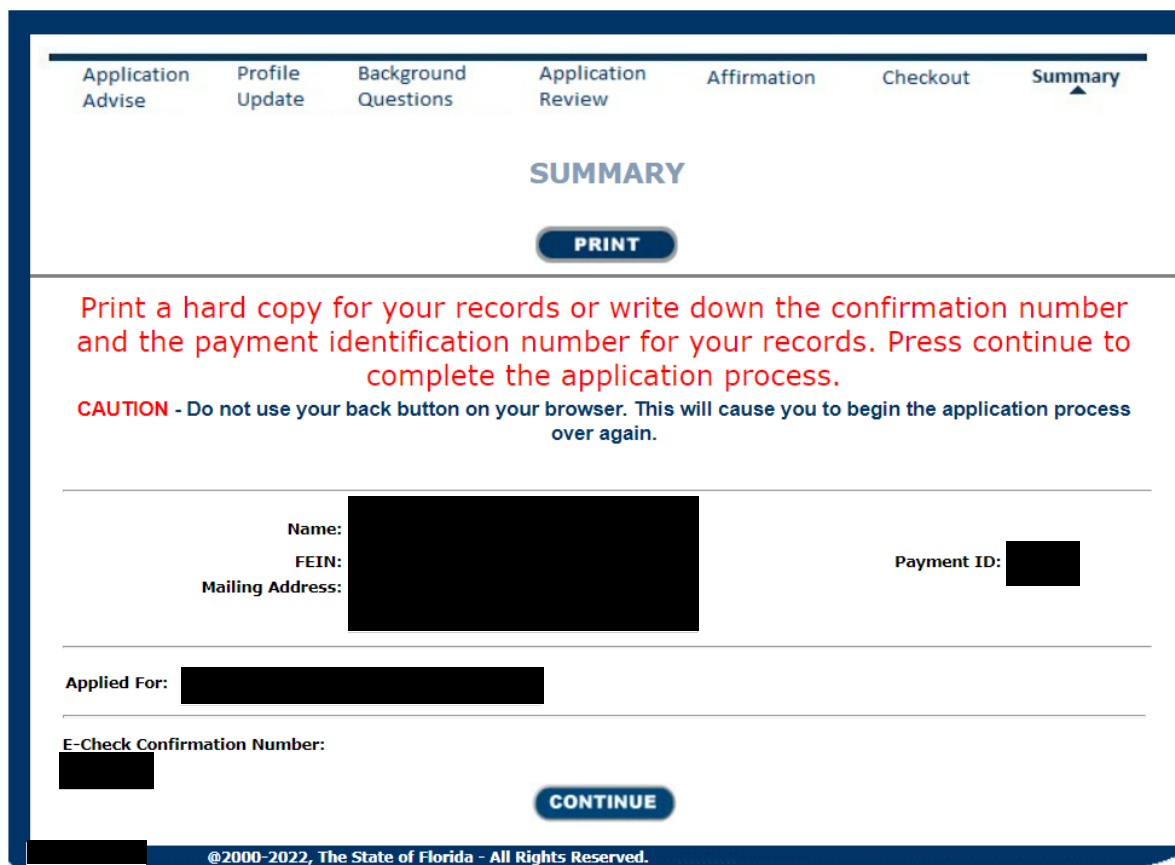
Service Amount

TOTAL

Need Help?

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

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



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

SUMMARY

PRINT

Print a hard copy for your records or write down the confirmation number and the payment identification number for your records. Press continue to complete the application process.

CAUTION - Do not use your back button on your browser. This will cause you to begin the application process over again.

Name: [REDACTED]
FEIN: [REDACTED]
Mailing Address: [REDACTED]
Payment ID: [REDACTED]

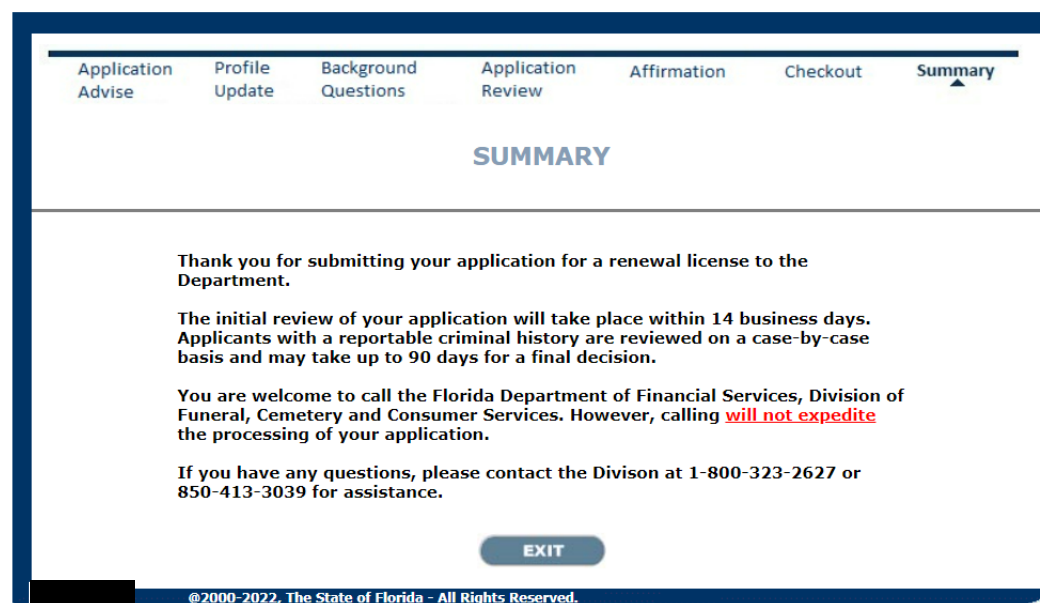
Applied For: [REDACTED]

E-Check Confirmation Number: [REDACTED]

CONTINUE

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Click "Exit" button.



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

SUMMARY

Thank you for submitting your application for a renewal license to the Department.

The initial review of your application will take place within 14 business days. Applicants with a reportable criminal history are reviewed on a case-by-case basis and may take up to 90 days for a final decision.

You are welcome to call the Florida Department of Financial Services, Division of Funeral, Cemetery and Consumer Services. However, calling **will not expedite** the processing of your application.

If you have any questions, please contact the Division at 1-800-323-2627 or 850-413-3039 for assistance.

EXIT

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Application processing using Mail in payment.

Login to FACS-DICE.

Click "Renew License" link.

Select Invoice and click "Continue" button.

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]	\$0.00

Back Continue

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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

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

The screenshot shows the 'APPLICANT INFORMATION' section of a web application. At the top, a navigation bar includes links for 'Application Advise', 'Profile Update' (which is active and has a small upward arrow), 'Background Questions', 'Application Review', 'Affirmation', 'Checkout', and 'Summary'. Below the navigation bar, the section title 'APPLICANT INFORMATION' is centered. Underneath, the 'Application Contact' section is displayed. It contains several labels for user input: 'Name:', 'License Number:', 'Business Address:', 'Preferred Mailing Address:', 'Email:', 'Primary Phone:', 'Secondary Phone:', 'Business Phone:', 'Mobile Phone:', and 'Fax:'. The input fields for 'Name', 'License Number', 'Business Address', 'Preferred Mailing Address', 'Email', 'Primary Phone', and 'Secondary Phone' are all obscured by a large black rectangular redaction box. The 'Business Phone' and 'Mobile Phone' fields are visible as empty text boxes. The 'Fax' field is also visible as an empty text box. At the bottom of the form, there are three buttons: 'EXIT', 'BACK', and 'CONTINUE'. The footer of the page includes the text '@2000-2022, The State of Florida - All Rights Reserved.'

Enter requested information and click "Continue" button.

The screenshot shows the 'Background Questions' section of the web application. The navigation bar at the top is identical to the previous screenshot, with 'Background Questions' now being the active section, indicated by a small upward arrow. Below the navigation bar, the section title 'Background Questions' is centered. Underneath, the 'License Questions' section is displayed. It contains a prompt: 'Please provide the name and license number of the licensee in Charge of your establishment.' Below this prompt, there are two labels for user input: 'Last, First Name of the FDIC:' and 'FDIC's License #:'. The input fields for these labels are obscured by a large black rectangular redaction box. At the bottom of the form, there are three buttons: 'EXIT', 'BACK', and 'CONTINUE'. The footer of the page includes the text '@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

Please provide below date(s) for FDIC.

Previous FDIC End Date: 06/30/2022

New FDIC Start Date: 07/01/2022

EXIT BACK CONTINUE

2-1-60315

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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:

- Any felony no matter when committed.
- Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.**
- 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

2-1-60330

Click "Continue" button.

Application Advise	Profile Update	Background Questions	Application Review	Affirmation	Checkout	Summary
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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

FEIN Number:
[REDACTED]

Applicant's Name:
[REDACTED]

Contact Information

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
Inspection Fee
Unlicensed Activity Fee
[REDACTED]

Total Fees Due:
[REDACTED]

Application to Renew License

APPLICANT INFORMATION

FEIN Number:
[REDACTED]

Invoice Number:
[REDACTED]

Applicant's Name:
[REDACTED]

Application ID:
[REDACTED]

License Number:
[REDACTED]

Mailing Address
[REDACTED]

Business Location Address
[REDACTED]

Contact Phone
[REDACTED]

Secondary Phone
[REDACTED]

Email Address
[REDACTED]

LICENSE INFORMATION

Renewal License(s) Applied For:
[REDACTED]

FEE INFORMATION

Renewal Fee
Inspection Fee
Unlicensed Activity Fee
[REDACTED]

Total Fees Due:
[REDACTED]

(Continued on next page)

(Continued from prior page)

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: My Test

EXIT

BACK

CONTINUE

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Select mail in payment and click "Continue" button.

Select "OK."

Click "Continue" button.

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

PRINT

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

APPLICANT INFORMATION

FEIN Number: [REDACTED]

Applicant's Name: [REDACTED]

Contact Information

Mailing Address
[REDACTED]

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

FEE SUMMARY

Renewal License(s) Applied For: [REDACTED]

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

Renewal Fee
Inspection Fee
Unlicensed Activity Fee
Paper Processing Fee

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]
License Number: [REDACTED]

(Continued on next page)

(Continued from prior page)

License Type: [REDACTED]
Renewal Fee: [REDACTED]
(Renewal Fee after AUGUST 31, 2020: [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

<u>LICENSE RENEWAL APPLICATION</u>	
<u>APPLICANT INFORMATION</u>	
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]
<u>FEE INFORMATION</u>	
Renewal Fee: [REDACTED]	[REDACTED]
Unlicensed Activity Fee: [REDACTED]	[REDACTED]
Paper Processing Fee: [REDACTED]	[REDACTED]
Total Fees Due: [REDACTED]	[REDACTED]
<u>BACKGROUND QUESTIONS</u>	
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:	
- Any felony, no matter when committed - Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S. - 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
<u>DEFICIENCIES</u>	
[REDACTED]	
EXIT	
© 2000-2	

Appendix

Pages 8 and 21

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</u>
<u>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>

Page 9

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>

Page 20

The dropdown for Payment Type provides the following options:

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