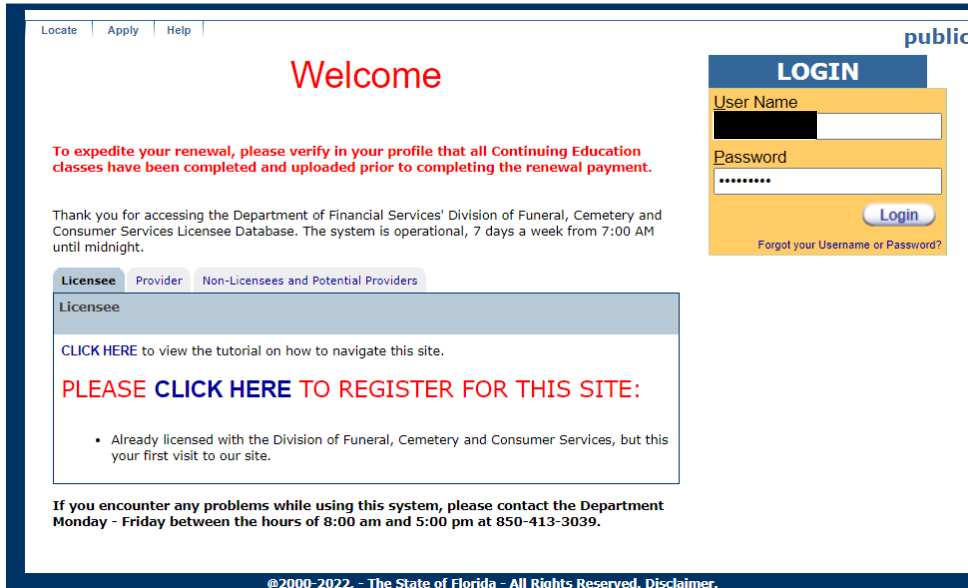


Application for Centralized Embalming Facility Licensure Renewal

Application processing using Credit Card 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.

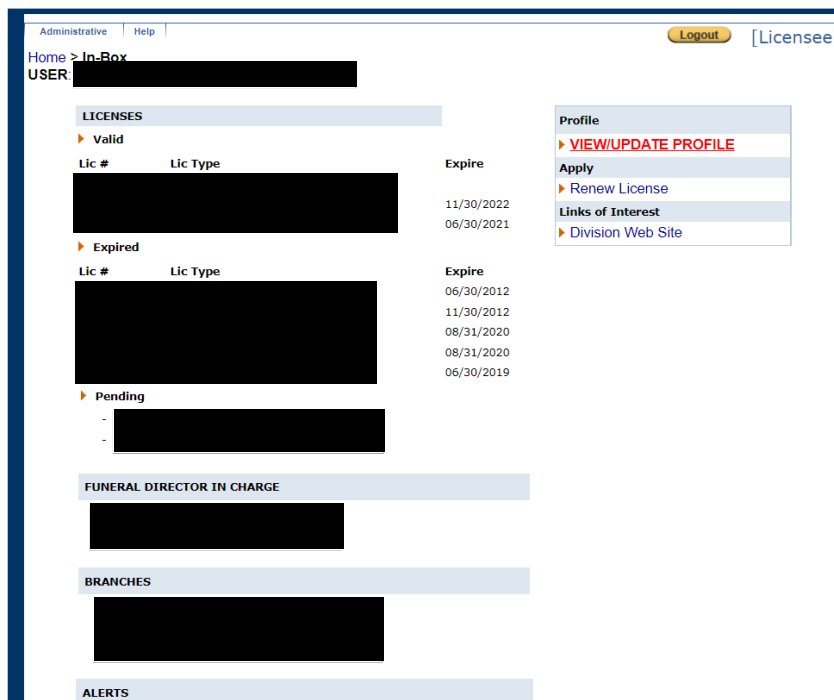
PLEASE CLICK HERE TO REGISTER FOR THIS SITE:

- 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.



Administrative | Help | Logout | [Licensee]

Home > In-Box

USER: [Redacted]

LICENSES

Valid

Lic #	Lic Type	Expire
[Redacted]	[Redacted]	11/30/2022
[Redacted]	[Redacted]	06/30/2021

Expired

Lic #	Lic Type	Expire
[Redacted]	[Redacted]	06/30/2012
[Redacted]	[Redacted]	11/30/2012
[Redacted]	[Redacted]	08/31/2020
[Redacted]	[Redacted]	08/31/2020
[Redacted]	[Redacted]	06/30/2019

Pending

[Redacted]	[Redacted]	[Redacted]
------------	------------	------------

FUNERAL DIRECTOR IN CHARGE

[Redacted]

BRANCHES

[Redacted]

ALERTS

[Redacted]

Profile

- [VIEW/UPDATE PROFILE](#)

Apply

- [Renew License](#)

Links of Interest

- [Division Web Site](#)

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

Enter requested information and click "Continue" button.

Enter requested information and click "Continue" button.

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

Select "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]
Late 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]
Late Fee [REDACTED]

Total Fees Due: [REDACTED]

(Continued on next page)

(Continued from prior page)

Contact Phone	Email Address
[REDACTED]	[REDACTED]

FEE INFORMATION

Renewal Fee
Unlicensed Activity Fee
Paper Processing Fee

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

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**

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

Select credit card 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]
FEIN: [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**

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

Select "OK".

JIMMY P. FLORIDA

facsaalfdev.fldfs.com says

You have selected to PAY BY CREDIT CARD.
There is an additional charge of \$ [REDACTED] with this option.
To continue with this action click OK.
To return to the session click CANCEL.

OK **Cancel**

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**

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

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	[REDACTED]	1	[REDACTED]
2	Service Amount	[REDACTED]	1	[REDACTED]
Total				[REDACTED]

Transaction Summary

Convenience Fee	[REDACTED]
Service Amount	[REDACTED]
TOTAL	[REDACTED]

Need Help?

Please complete the Customer Information Section.

Payment

Payment Type
✓

Credit/Debit Card

Customer Information
Complete all required fields [*]

Country *

First Name * ✓

Last Name * ✓

Address *
 ✓

Address 2

City * ✓

State * ✓

ZIP/Postal Code *
 ✓

Phone Number
 ✓

Email * ✓

Payment Information

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 ✓

[Edit](#)

Address Test Payment 200 E Gaines St Tallahassee, FL 32301	Phone Number 8504131577
Country United States	Email Address Test@myfloridacfo.com

Payment Information Complete all required fields [*]

<p>Credit Card Number * ?</p> <div style="border: 1px solid #ccc; background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: right; font-size: x-small;">✓</p>	<p>Credit Card Type</p> <div style="display: flex; justify-content: space-around; font-size: x-small;"> </div>
<p>Expiration Month *</p> <div style="border: 1px solid #ccc; background-color: black; width: 50%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: right; font-size: x-small;">✓</p>	<p>Expiration Year *</p> <div style="border: 1px solid #ccc; background-color: black; width: 50%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: right; font-size: x-small;">✓</p>
<p>Security Code * ?</p> <div style="border: 1px solid #ccc; background-color: black; width: 50%; height: 20px; margin-bottom: 5px;"></div>	
<p>Name on Credit Card *</p> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;">Test Payment</div> <p style="text-align: right; font-size: x-small;">✓</p>	

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

Edit

Country
United States

Email Address
Test@myfloridacfo.com

Payment Information ✓

Credit Card
[REDACTED]

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.

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]

Credit Card Confirmation Number: [REDACTED]

CONTINUE

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

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

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

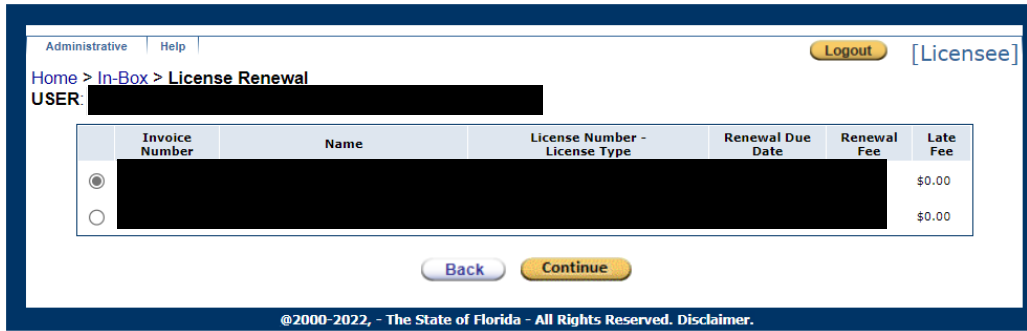
Application processing using E-Check payment. Login to FACS-DICE.

The screenshot shows the public login page for FACS-DICE. At the top left are navigation links: "Locate", "Apply", and "Help". The word "public" is in the top right corner. A large "Welcome" message is centered. Below it is a red notice: "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 paragraph of text follows, thanking the user for accessing the Department of Financial Services' Division of Funeral, Cemetery and Consumer Services Licensee Database. A "LOGIN" box on the right contains fields for "User Name" and "Password", a "Login" button, and a link for "Forgot your Username or Password?". Below the login box are tabs for "Licensee", "Provider", and "Non-Licensees and Potential Providers". The "Licensee" tab is active, showing a "CLICK HERE" link for a tutorial and a red "PLEASE CLICK HERE TO REGISTER FOR THIS SITE:" link. A bullet point indicates that users already licensed with the division should click here on their first visit. At the bottom, contact information for the Department is provided, and a footer contains the copyright notice: "@2000-2022, - The State of Florida - All Rights Reserved. Disclaimer."

Click "Renew License" link.

The screenshot shows the user profile page after logging in. At the top left are "Administrative" and "Help" links. A "Logout" button and "[Licensee]" label are in the top right. The user's name is partially visible as "USER: [redacted]". The "LICENSES" section shows a table of expired licenses with columns for "Lic #", "Lic Type", and "Expire". The "Apply" section contains a red "VIEW/UPDATE PROFILE" link and a "Renew License" link. The "Links of Interest" section includes a link to the "Division Web Site". The "FUNERAL DIRECTOR IN CHARGE" section shows a redacted name. The "ALERTS" section has a checkbox and the text "Please verify that your Addresses are correct..". The footer contains the copyright notice: "@2000-2022, - The State of Florida - All Rights Reserved. Disclaimer."

Select invoice and click "Continue" button.



Administrative | Help | Logout | [Licensee]

Home > In-Box > License Renewal

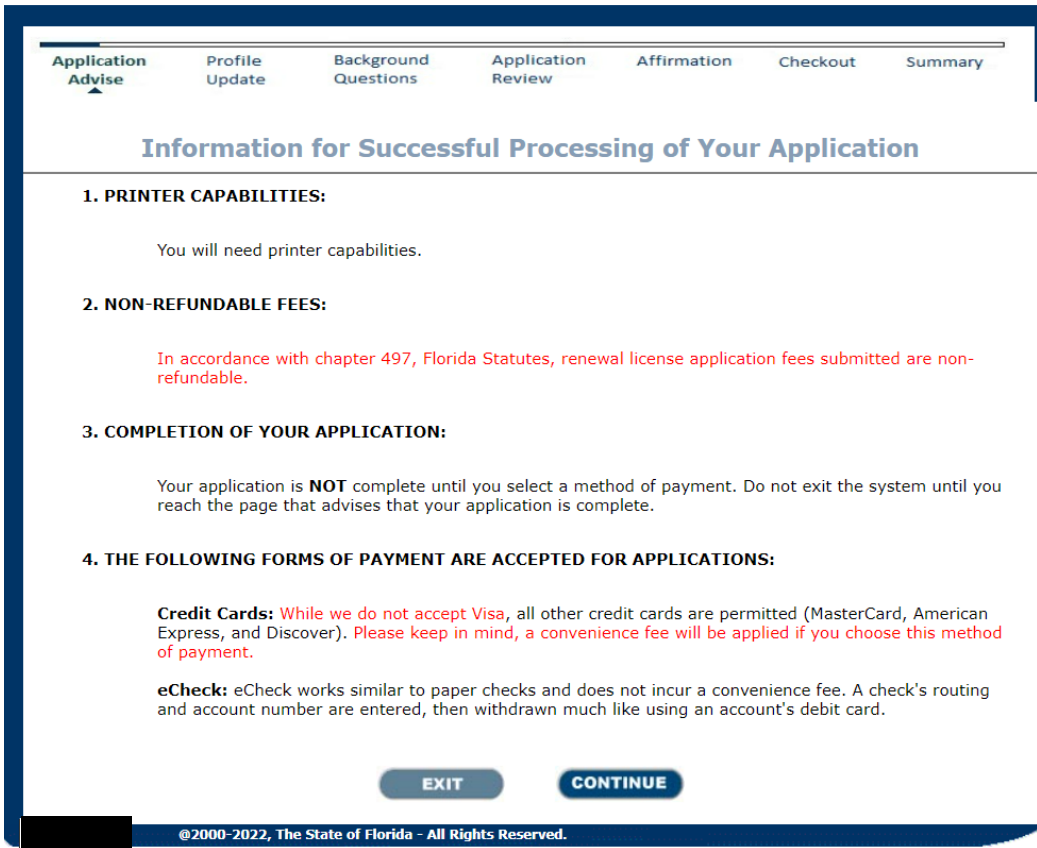
USER: [REDACTED]

Invoice Number	Name	License Number - License Type	Renewal Due Date	Renewal Fee	Late Fee
<input checked="" type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00	\$0.00
<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00	\$0.00

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 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

@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 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

2.1.60310

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

Enter requested information and click "Continue" button.

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

Select "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] 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] 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)

Contact Phone	Email Address
[REDACTED]	[REDACTED]
<u>FEE INFORMATION</u>	
Renewal Fee	[REDACTED]
Unlicensed Activity Fee	[REDACTED]
Paper Processing Fee	[REDACTED]
Total Fees Due:	[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:	
<ol style="list-style-type: none">1. Any felony no matter when committed2. 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
<u>DEFICIENCIES</u>	
[REDACTED]	

EXIT

Enter name and click "Continue" button.

Select e-check and click "Continue" button.

Select "OK".

JIMMY P. FLORIDA

facsaalfdev.fdfs.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

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				

Transaction Summary

Service Amount	
TOTAL	

Need Help?

Please complete the Customer Information Section.

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@myfloridactfo.com

Next >

Payment Information

Cancel

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 ✓ [Edit](#)

Address
Test Payment
200 E Gaines St
Tallahassee, FL 32301

Phone Number
8504131577

Country
United States

Email Address
Test@myfloridacfo.com

Payment Information

Complete all required fields [*]

Name on Account *
 ✓

This is a business account.

Routing Number * Account Number *
 ✓ ✓

Re-enter Account Number. *
 ✓

Checking Savings

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.

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



Edit

Address

Test Payment
200 E Gaines St
Tallahassee, FL 32301

Phone Number

8504131577

Country

United States

Email Address

Test@myfloridacfo.com

Payment Information



Edit

Electronic Check

Name on Account

Test Payment

Terms and Conditions

[Open a new window to print](#)

850-413-3039.

- 7. I understand the Originating ID for this transaction is [redacted]. 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.

Select "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

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

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.

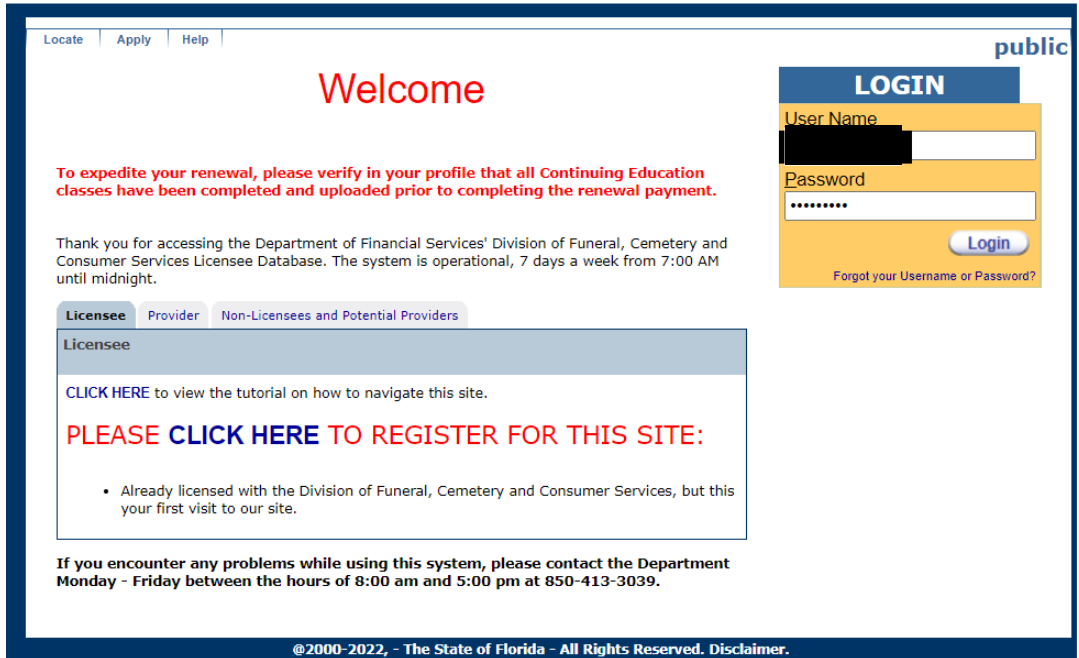
You are welcome to call the Florida Department of Financial Services, Division of Funeral, Cemetery and Consumer Services. However, calling **will not expedite** the processing of your application.

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

EXIT

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

Application processing using Mail in 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.

LOGIN

User Name
[Redacted]

Password
[Redacted]

Login

Forgot your Username or Password?

Licensee | Provider | Non-Licensees and Potential Providers

Licensee

CLICK HERE to view the tutorial on how to navigate this site.

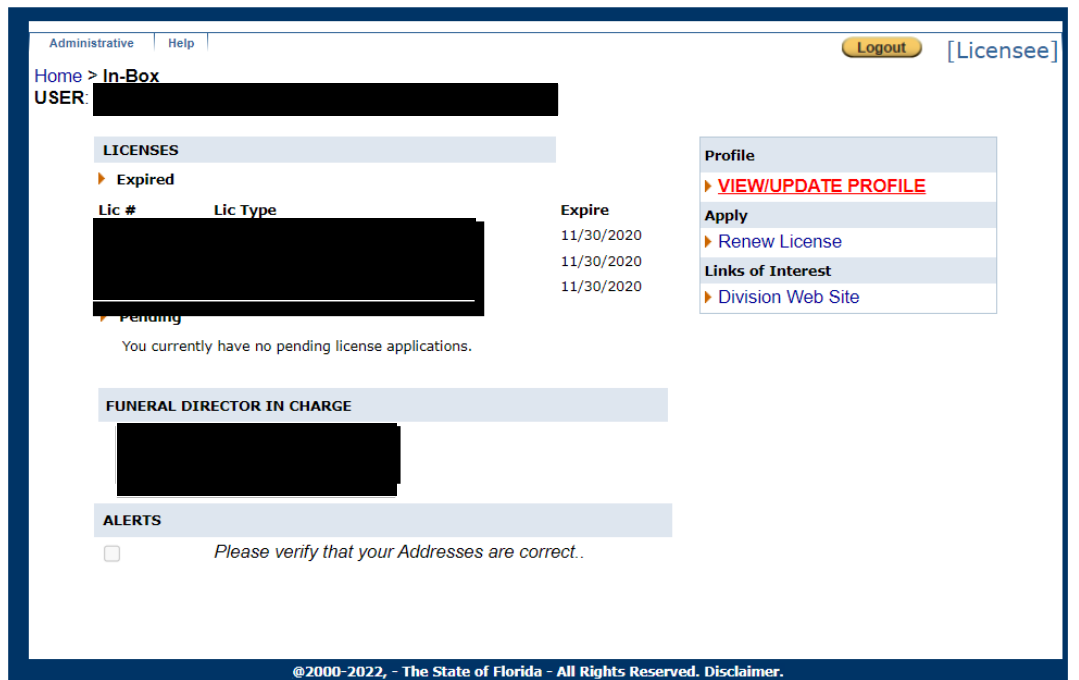
PLEASE CLICK HERE TO REGISTER FOR THIS SITE:

- 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.



Administrative | Help | Logout | [Licensee]

Home > In-Box

USER: [Redacted]

LICENSES

Expired

Lic #	Lic Type	Expire
[Redacted]	[Redacted]	11/30/2020
[Redacted]	[Redacted]	11/30/2020
[Redacted]	[Redacted]	11/30/2020

Pending

You currently have no pending license applications.

FUNERAL DIRECTOR IN CHARGE

[Redacted]

ALERTS

Please verify that your Addresses are correct..

Profile

- VIEW/UPDATE PROFILE

Apply


- Renew License

Links of Interest

- Division Web Site

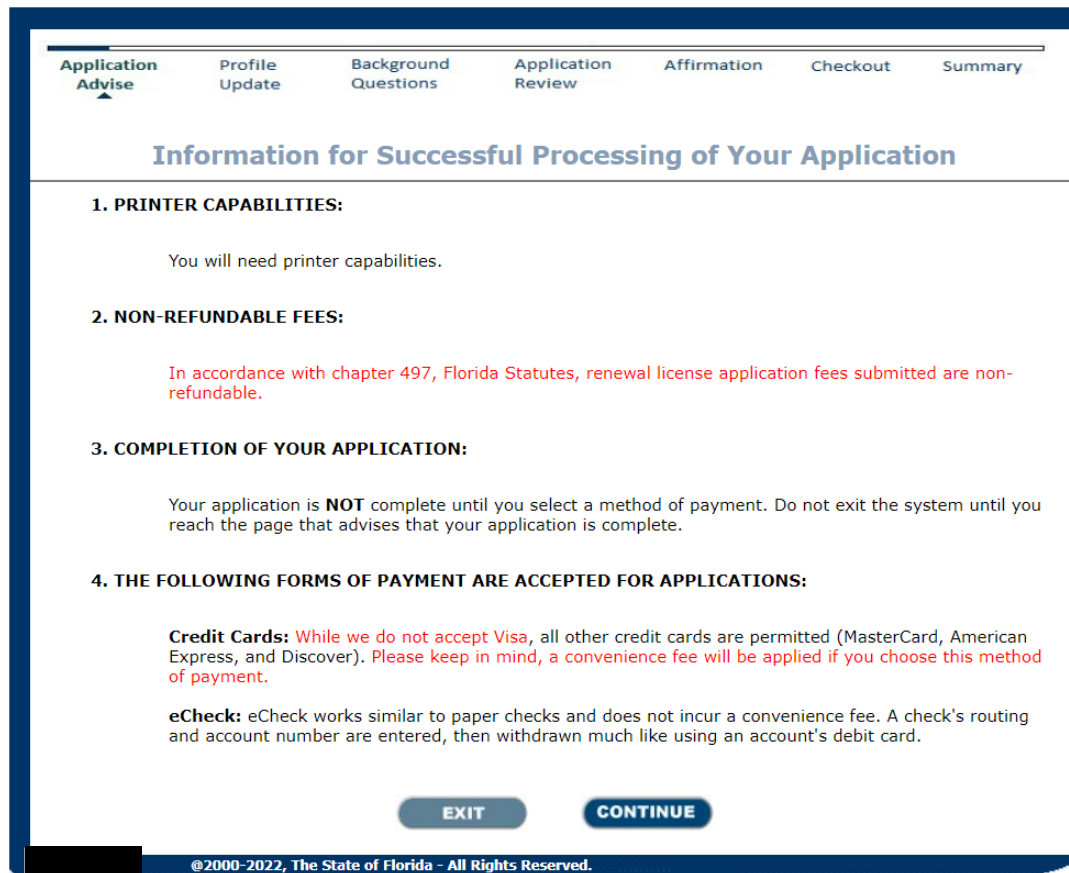
@2000-2022, - The State of Florida - All Rights Reserved. Disclaimer.

Select invoice and click "Continue" button.



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

Click "Continue" button.



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.

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**

©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 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**

2.1.60310 ©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:

New FDIC Start Date:

2 1 60315
©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:

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

Select "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] 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] 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 question:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or paid 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.

The screenshot shows a web application interface with a navigation bar at the top containing: Application Advise, Profile Update, Background Questions, Application Review, Affirmation (selected), Checkout, and Summary. Below the navigation bar is the title "APPLICATION" and a "PRINT" button. The main content area contains the following text: "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." A red "CAUTION" message states: "This screen does NOT complete the on-line application process. There are several more screens after this screen." A paragraph of legal text follows: "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." Another paragraph states: "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)." A third paragraph states: "I understand that, per 497 Florida Statutes, all application fees are non-refundable". Below this text is a text input field labeled "Last, First Name:" with the value "My Test". At the bottom of the form are three buttons: "EXIT", "BACK", and "CONTINUE". A footer at the bottom of the page reads: "@2000-2022, The State of Florida - All Rights Reserved."

Select mail in payment 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]
FEIN: [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".

JIMMY P. WELLS GOVERNOR FLORIDA

facsaalfdev.fldfs.com says

You have selected to print a paper copy of your renewal and mail it to the Division of Funeral & Cemetery Service.

If you click OK you will no longer have the option to pay your renewal electronically AND an additional 'Paper Processing Fee' of [REDACTED] 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

OK Cancel

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 "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

FEIN Number:
[REDACTED]

Applicant's Name:
[REDACTED]

Contact Information

Mailing Address
[REDACTED]

Contact 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 15, 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 NOVEMBER 30 , 2020** 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 **NOVEMBER 30 , 2020**, 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: **Centralized Embalming Facility License**

(Continued on next page)

(Continued from prior page)

License Type: [REDACTED]
License Number: [REDACTED]
Renewal Fee: [REDACTED]
(Renewal Fee after **NOVEMBER 30, 2020** 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 [REDACTED]
Unlicensed Activity [REDACTED]
Fee Paper [REDACTED]
Processing Fee [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.

DEFICIENCIES

EXIT

@ 2000-2

Appendix

Pages 9 and 22

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>Colombia</u>	<u>Gibraltar</u>	<u>Latvia</u>
<u>Armenia</u>	<u>Comoros</u>	<u>Greece</u>	<u>Lebanon</u>
<u>Aruba</u>	<u>Congo</u>	<u>Greenland</u>	<u>Lesotho</u>
<u>Australia</u>	<u>Congo, the Democratic Republic of the</u>	<u>Grenada</u>	<u>Liberia</u>
<u>Austria</u>	<u>Cook Islands</u>	<u>Guadeloupe</u>	<u>Libya</u>
<u>Azerbaijan</u>	<u>Costa Rica</u>	<u>Guam</u>	<u>Liechtenstein</u>
<u>Bahamas</u>	<u>Côte d'Ivoire</u>	<u>Guatemala</u>	<u>Lithuania</u>
<u>Bahrain</u>	<u>Croatia</u>	<u>Guernsey</u>	<u>Luxembourg</u>
<u>Bangladesh</u>	<u>Cuba</u>	<u>Guinea</u>	<u>Macao</u>
<u>Barbados</u>	<u>Curaçao</u>	<u>Guinea-Bissau</u>	<u>Macedonia, the former Yugoslav Republic of</u>
<u>Belarus</u>	<u>Cyprus</u>	<u>Guyana</u>	<u>Malawi</u>
<u>Belgium</u>	<u>Czech Republic</u>	<u>Haiti</u>	<u>Malaysia</u>
<u>Belize</u>	<u>Denmark</u>	<u>Heard Island and McDonald Islands</u>	<u>Maldives</u>
<u>Benin</u>	<u>Djibouti</u>	<u>Holy See (Vatican City State)</u>	<u>Mali</u>
<u>Bermuda</u>	<u>Dominica</u>	<u>Honduras</u>	<u>Malta</u>
<u>Bhutan</u>	<u>Dominican Republic</u>	<u>Hong Kong</u>	<u>Marshall Islands</u>
<u>Bolivia, Plurinational State of</u>	<u>Ecuador</u>	<u>Hungary</u>	<u>Martinique</u>
<u>Bonaire, Sint Eustatius and Saba</u>	<u>Egypt</u>	<u>Iceland</u>	<u>Mauritania</u>
<u>Bosnia and Herzegovina</u>	<u>El Salvador</u>	<u>India</u>	<u>Mauritius</u>
<u>Botswana</u>	<u>Equatorial Guinea</u>	<u>Indonesia</u>	<u>Mayotte</u>
<u>Bouvet Island</u>	<u>Eritrea</u>	<u>Iran, Islamic Republic of</u>	<u>Mexico</u>
<u>Brazil</u>	<u>Estonia</u>	<u>Iraq</u>	<u>Micronesia, Federated States of</u>
<u>British Indian Ocean Territory</u>	<u>Ethiopia</u>	<u>Ireland</u>	
<u>Brunei Darussalam</u>	<u>Falkland Islands</u>	<u>Isle of Man</u>	
<u>Bulgaria</u>	<u>Fiji</u>	<u>Israel</u>	
<u>Burundi</u>		<u>Italy</u>	
		<u>Jamaica</u>	
		<u>Japan</u>	

<u>Moldova, 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 Mariana Islands</u>
<u>Norway</u>
<u>Oman</u>
<u>Pakistan</u>
<u>Palau</u>
<u>Palestine, State of</u>
<u>Panama</u>
<u>Papua New 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 Federation</u>
<u>Rwanda</u>
<u>Saint Barthélemy</u>
<u>Saint Helena, Ascension and Tristan da Cunha</u>
<u>Saint Kitts and Nevis</u>
<u>Saint Lucia</u>
<u>Saint Martin (French part)</u>
<u>Saint Pierre and Miquelon</u>
<u>Saint Vincent and the Grenadines</u>
<u>San Marino</u>
<u>Sao Tome 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 (Dutch part)</u>
<u>Slovakia</u>
<u>Slovenia</u>
<u>Solomon Islands</u>
<u>Somalia</u>
<u>South Africa</u>
<u>South Georgia and the South Sandwich Islands</u>
<u>South Sudan</u>
<u>Spain</u>
<u>Sri Lanka</u>
<u>Sudan</u>
<u>Suriname</u>
<u>Svalbard and Jan Mayen</u>
<u>Swaziland</u>
<u>Sweden</u>
<u>Switzerland</u>
<u>Syrian Arab Republic</u>
<u>Taiwan, Province of China</u>
<u>Tajikistan</u>
<u>Tanzania, United Republic of</u>
<u>Thailand</u>
<u>Timor-Leste</u>
<u>Togo</u>
<u>Tokelau</u>
<u>Tonga</u>
<u>Trinidad and Tobago</u>

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