

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**WILTON SIMPSON
COMMISSIONER**

**PROFESSIONAL SOLICITOR
INDIVIDUAL LICENSE APPLICATION**
Section 496.4101, Florida Statutes
Rule 5J-7.010(2), Florida Administrative Code

INSTRUCTIONS

Section 496.4101, Florida Statutes, requires that each officer, director, trustee, or owner of a professional solicitor and any employee of a professional solicitor conducting telephonic solicitations during which a donor's or potential donor's personal financial information is requested or provided must, before engaging in solicitation activities, obtain a solicitor license from the department. As used in this subsection, the term "personal financial information" includes, but is not limited to, social security numbers, credit card numbers, banking information, and credit reports.

An applicant must submit FDACS-10120, Professional Solicitor Individual License Application, Rev. 01/15, to the Florida Department of Agriculture and Consumer Services (FDACS). The department has adopted rules which allow certain applicants to operate on an interim basis until such time as a license is granted or denied. If an interim license has not been granted, then it is unlawful for a salesperson to begin conducting any solicitation before such license is issued. The department shall annually provide a renewal statement to each registrant by mail at least forty-five (45) days before the renewal date.

Fingerprinting: Submission of fingerprints is required for each officer, director, trustee, or owner of a professional solicitor and any employee of a professional solicitor conducting telephonic solicitations during which a donor's or potential donor's personal financial information is requested or provided.

Fingerprints can be submitted electronically through a Livescan Service Provider. An electronic fingerprint submission will reduce the time it takes for law enforcement authorities to complete the required criminal history background check and to return the results of that background check to the department.

A list of applicant Livescan Service Providers can be found at <http://www.fdle.state.fl.us/Criminal-History-Records/Registered-LiveScan-Submitters>. Out of state applicants can do an internet search to find Livescan Service Providers in your area. The provider must be registered with the Florida Department of Law Enforcement.

After you have paid for your electronic fingerprint submission, you can submit your application to the Division of Consumer Services. Please provide the following ORI number to the Livescan operator-- FL924870Z—so your background checks are routed to the Florida Department of Agriculture and Consumer Services and your application can be processed.

If you are unable to locate a Livescan Service Provider, you may submit a fingerprint card along with a \$28.25 processing fee (Make check payable to the Florida Department of Agriculture and Consumer Services). All fees are nonrefundable.

Upon approval of the application, the department shall issue a license number to all salespersons. Filing an application shall not in any way indicate approval, certification, or endorsement by the state of Florida.

CHECKLIST

If you have any questions or need assistance in completing this application, please contact the department at 800-HELP-FLA (435-7352) or (850) 410-3800.

When filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is provided. Please type or print in ink. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the solicitor's name or registration number and the number of the corresponding question.

Item # 1:

Provide the legal true name of the applicant, date of birth, identification number and type of government issued document (*example, driver's license*), home address and contact information. All documents and attachments submitted with this application are subject to public records review pursuant to Chapter 119, F.S. However, exemptions apply to certain employees. If you qualify under these exemptions, you can request that certain information be redacted from the public records available through the department. Exemptions may include:

- Current or former law enforcement officers and their families;
- Current or former judges and their families;
- Current or former prosecutors and their families;
- Current or former firefighters and their families;

- Current or former human resources managers and their families; and
- Current or former code enforcement officers and their families.

This is not a comprehensive list. For a complete list, see Section 119, 071(4), F.S. If you qualify for one of the public records exemptions and wish to have your information exempted from public review, please check the appropriate box.

Item # 2:

Provide information regarding the professional solicitor that will employ you. If more than one, attach additional pages using the same format.

Item # 3:

Answer each question "Yes" or "No", and provide information for all "Yes" responses.

Signature:

Sign the form (located on page 3).

SEND COMPLETED REGISTRATION APPLICATION TO:

FDACS
Solicitation of Contributions
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

ADDITIONAL INFORMATION

Renewals: This license must be renewed annually on a form provided by the department. Renewal forms can be found online at www.FDACS.gov or by calling 800-HELP-FLA (435-7352) or (850) 410-3800.

It is a violation of the Florida Solicitation of Contributions Act for an applicant to provide inaccurate or incomplete information to the department; fail to maintain a solicitor license as required by s. 496.4101, F.S.; or for a professional solicitor to allow, require, permit, or authorize an employee without an active solicitor license to conduct any solicitations.

Submit a Material Change Form within ten (10) days of any changes made to the information provided within the application. A sample material change form can be found online at www.FDACS.gov or by calling 800-HELP-FLA (435-7352) or (850) 410-3800. [s. 496.4101(5), F.S.]

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



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INDIVIDUAL LICENSE APPLICATION**

Solicitation of Contributions Act
Section 496.4101, Florida Statutes
Rule 5J-7.010(2), Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FDACS.gov • (850) 410-3804 Fax

Return completed application to:

FDACS
Solicitation of Contributions
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the solicitor's name or registration number and the number of the corresponding question.

APPLICANT INFORMATION

New Application Renewal **SI** **DTN**

(as listed on the preprinted renewal application)

1. Legal Name: _____ **Date of Birth:** ____ / ____ / ____

Government Issued ID Number: _____ **State of Issue:** _____

Type of Government ID: _____

Home Address* (if applicable please include suite, apartment and/or unit numbers):

City: _____ **State:** _____ **Zip Code:** _____ - _____

Email Address (optional): _____ **Telephone Number (optional):**

(_____) _____ - _____

***NOTE:** Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please check the appropriate box. **Yes** **No** **Exempt from public records** [s. 119.071(4), F.S.]

EMPLOYER INFORMATION

2. Professional Solicitor's Legal Name (If employer is not an individual, state the legal name of the entity as filed with the FL Dept. of State):

License Number, as issued by the department: **SS-** _____

Physical Street Address (if applicable please include suite, apartment and/or unit numbers):

City: _____ **State:** _____ **Zip Code:** _____ - _____

Telephone Number:
(_____) _____ - _____

Org. Code: 42 10 06 25 000
EO: A2
Object Code: 004156 \$ 28.25

NOTE: If you intend to act as a solicitor for more than one company, please provide us with the additional employer information on a separate page using the same format and attach it to this application.

CRIMINAL AND LITIGATION HISTORY

3. Please select either **YES** or **NO** to the questions below. If you answered yes to any of the following, please explain your answer on "Exhibit A" (*make additional copies as needed using the same format*).

NOTE: A person may not act as a professional solicitor, and a professional solicitor, or an officer, director, trustee, or employee thereof, may not solicit for compensation, knowingly employ an officer, trustee, director, or employee, or a person with a controlling interest therein, who has, in any state, regardless of adjudication, been convicted of, been found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, been found guilty of, or pled guilty or nolo contendere to, *a felony within the last 10 years involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, or a crime arising from the conduct of a solicitation for a charitable organization or sponsor*, or has been enjoined in any state from violating a law relating to a charitable solicitation. The prohibitions in this subsection also apply to a misdemeanor in another state which constitutes a disqualifying felony in this state. [s. 496.410(14), F.S.]

- Yes** **No** Have you, in any state, regardless of adjudication, previously been convicted of, been found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, been found guilty of, or pled guilty or nolo contendere to, a crime within the last 10 years involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property? [s. 496.4101(2)(b), F.S.]
- Yes** **No** Have you, in any state, regardless of adjudication, previously been convicted of, been found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, been found guilty of, or pled guilty or nolo contendere to a crime within the last 10 years arising from the conduct of a solicitation for a charitable organization or sponsor, or been enjoined in any state from violating a law relating to a charitable solicitation? [s. 496.4101(2)(b), F.S.]
- Yes** **No** Are you, in any state, involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, a cease and desist order, or any similar document, in any civil or administrative action involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property? [s. 496.4101(2)(c), F.S.]
- Yes** **No** Have you been enjoined from violating any law relating to a charitable solicitation? [s. 496.4101(2)(c), F.S.]

Exhibit A

Legal Name:

Court or administrative agency rendering the decision, judgment or order:

Governmental agency which brought the action:

Nature of conviction, judgment, order or action:

Date of Action:

____ / ____ / ____

Docket Number:

Please attach additional sheets as necessary using the same format.

CERTIFICATION

(please initial)

_____ I understand that the Florida Department of Agriculture and Consumer Services will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry.
[s. 496.4101(3)(f), F.S.]

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION, AND IN ANY EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.

Applicant Signature

Print or Type Applicant Name

Date