



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

Disclosure Of Criminal Record At Renewal Of License.

This form is used to comply with s. 497.142(10)(a), Florida Statutes, and Rule 69K-1.007, Florida Administrative Code, regarding disclosure of criminal history at renewal of license. Pursuant to s. 497.142(10)(a), when renewing a license a licensee is only required to disclose criminal records arising since the original issuance of the license, or the most recent renewal of the license, whichever is more recent. Any criminal record disclosed to the Division when the license was originally applied for, or which was disclosed in connection with a prior renewal of the license, is NOT required to be disclosed again at any subsequent renewal. Traffic infractions that are not criminal offenses are not required to be disclosed; see s. 497.142(10)(d), Florida Statutes. Mail or otherwise deliver this form, completed and with required attachments specified below, to the Division at the following address: Division of Funeral, Cemetery, and Consumer Services, 200 East Gaines Street, Tallahassee, FL 32399-0361.

Section 1. LICENSEE INFORMATION

This form is submitted in regard to the renewal of the following license:

- (a) Licensee name as it appears on the license:
- (b) License number:
- (c) Type of license:

Section 2. CRIMINAL DEFENDANT INFORMATION

Information about the person who is the subject of the criminal record reported on this form (referred to below as "Defendant").

- (a) Full name:
- (b) Date of birth:
- (c) Social security number:
- (d) Current residence address when this form is filed:
- (e) Phone number:
- (f) E-mail address:

Section 3. INFORMATION ABOUT THE CRIME

- (a) The crime was prosecuted in: _____ State court _____ U.S. Federal court
- (b) The court where the crime was prosecuted was located in:
State _____ County _____
- (c) The court's case number was: _____
- (d) The crime charged was (e.g. larceny; embezzlement; unlicensed practice):
- (e) Month and year in which the crime was committed: _____
- (b) Month and year in which the criminal charge(s) were filed: _____

(f) Which of the following apply to the disposition of this crime:

Pled guilty Pled no contest Was found guilty

(g) Date on which Defendant pled guilty, pled no contest, or was found guilty: ____ / ____ / ____

(h) What was the sentence (penalty) imposed by the court? (e.g., 1 month in jail & fine of \$1000 and restitution):

(i) Is Defendant currently on court ordered probation concerning this crime? YES NO

If yes, date when the probation is scheduled to end:

(j) Have all sanctions imposed been satisfied? (e.g., fines & restitution paid) YES NO (if NO, explain below)

(k) When returning this form to the Division, attach to this form the following items:

1. A copy of the court order or other paper by which the court imposed sentence upon you; and
2. A statement, signed and dated by Defendant or licensee's representative, explaining the circumstances of the criminal conduct and setting out any information which Defendant or licensee desires to be considered in mitigation of this criminal record.

Do you have other criminal record items to disclose? YES NO

If yes, enter them on another copy of this form and attach to your application.

Under penalties of perjury, I declare that I have read the forgoing form and that the facts stated in it are true. A person who knowingly makes a false declaration on this form is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

Signature of person to whom this criminal history relates

Date signed

Collection of Social Security Numbers — Purpose and Use

The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. Social security numbers collected on applications will be used by the Department of Financial Services, and the Board of Funeral, Cemetery, and Consumer Services, as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. The social security number may also be used for any other purpose required or authorized by federal or Florida law.