

PLEASE DETACH APPLICATION AND MAIL TO THE ADDRESS PROVIDED.

Application For

**CLASS “DS”  
SECURITY OFFICER SCHOOL OR  
TRAINING FACILITY LICENSE  
and  
CLASS “RS”  
RECOVERY AGENT SCHOOL  
OR TRAINING FACILITY LICENSE**



Rev. 04/2017

Florida Department of Agriculture and Consumer Services  
Adam H. Putnam, Commissioner

NOTICE TO APPLICANTS FOR LICENSES  
ISSUED PURSUANT TO CHAPTER 493, FLORIDA STATUTES  
MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS

Sections 493.6105, 493.6304, and 493.6406, Florida Statutes (F.S.), in conjunction with Section 119.071(5)(a)2, F.S., mandates that the Department of Agriculture and Consumer Services, Division of Licensing, obtain Social Security numbers from applicants. Applicant Social Security numbers are maintained and used by the Division of Licensing for identification purposes, to prevent misidentification, and to facilitate the approval process by the Division. The Department of Agriculture and Consumer Services, Division of Licensing, will not disclose an applicant's Social Security number without consent of the applicant to anyone outside of the Department of Agriculture and Consumer Services, Division of Licensing, or as required by law. [See Chapter 119, F.S., 15 U.S.C. ss. 1681 et seq., 15 U.S.C. ss. 6801 et seq., 18 U.S.C. ss. 2721 et seq., Pub. L. No. 107-56 (USA Patriot Act of 2001), and Presidential Executive Order 13224.]

## 1. COMPLETION AND SUBMISSION OF THE APPLICATION

- a) Complete all sections of the application and have it notarized.
- b) Application Fee - \$50; License Fee - \$60 (TOTAL FEES REQUIRED - \$110 paid by check or money order made payable to the Florida Department of Agriculture and Consumer Services).
- c) Include any required supporting documentation (see #3a and 3b below).
- d) Submit application, fees and supporting documentation to the Division of Licensing; P. O. Box 5767; Tallahassee, FL 32314-5767.

## 2. GENERAL INFORMATION

- a) The license is valid only for the facility located at the physical address indicated on the application. If the facility relocates, the licensee shall submit notification to the Division, in writing, within 10 days of such change, by providing updated information required by Rule 5N-1.134(2), F.A.C.
- b) The following educational facilities or institutions must submit an *application* but are **exempt from all other application requirements**:
  - Public educational facilities that are part of the State University System;
  - Public educational facilities that are operated by a Community College Board of Trustees under statutory authority and rules of the State Board of Education or by a district school board;
  - Area vocational schools.

*Instructors who teach exclusively for any of the facilities indicated above are exempt from licensure.*
- c) If you have questions regarding the completion of the application, call the Division's Bureau of License Issuance at (850) 245-5691 or write to the Division of Licensing; P. O. 5767; Tallahassee, FL 32314-5767.

- ## 3. REQUIRED SUPPORTING DOCUMENTATION to be submitted by: ALL CLASS "DS" LICENSE APPLICANTS or CLASS "RS" LICENSE APPLICANTS providing standard classroom (face-to-face), or Internet-Based or Correspondence Training (Online), instruction. *See Paragraph 2.b) above for specified exemptions*

- 1) An outline of the complete curriculum to be offered by the school.
- 2) Copy of the final examination.
- 3) Written description of the proposed system for handling student records and transcripts.
- 4) A copy of the Articles of Incorporation or proof of fictitious name filed with the Department of State, Division of Corporations.

Schools or training facilities that offer training for a fee or tuition must also submit the following:

- 5) A copy of the current school-student contract.



Florida Department of Agriculture and Consumer Services
Division of Licensing

APPLICATION FOR
CLASS "DS" SECURITY OFFICER SCHOOL OR TRAINING FACILITY LICENSE
or CLASS "RS" RECOVERY AGENT SCHOOL OR TRAINING FACILITY LICENSE

ADAM H. PUTNAM
COMMISSIONER

Chapter 493, Florida Statutes
Rule 5N-1.134, Florida Administrative Code
Post Office Box 5767 Tallahassee, FL 32314-5767 (850) 245-5691
www.mylicensesite.com

FOR DIVISION OF LICENSING USE ONLY

TYPE OR PRINT USING BLACK INK

S M I T H 1 2 3

PLACE LETTER/NUMBER INSIDE EACH BOX AS SHOWN.

BEFORE YOU BEGIN, read the Application Instructions. TYPE or PRINT using black ink. To help avoid unnecessary delay in the processing of your application, be sure to answer all questions and submit any necessary documentation.

SECTION I LICENSE INFORMATION [If applying for more than one school license, separate applications must be submitted.]

APPLYING FOR

Class "DS" License (select one):

- Tuition/Fee Charging
Community College/Vocational
Non Tuition/Non Fee Charging

License number input boxes

"B", "BB", "AB" License Number (if applicable)

APPLYING FOR

Class "RS" License (select one):

- Tuition/Fee Charging
Community College/Vocational
Non Tuition/Non Fee Charging

License number input boxes

"R", "RR", License Number (if applicable)

OR

METHOD of Instruction (select ALL that apply):

- Face-to-Face (standard classroom)
Internet-Based/Correspondence

SECTION II APPLICANT INFORMATION

NAME OF SCHOOL OR TRAINING FACILITY

PHONE NUMBER (NUMBERS ONLY)

SCHOOL/TRAINING FACILITY ADDRESS

SCHOOL/TRAINING FACILITY ADDRESS CONTINUED (SUITE, BUILDING, APT., ETC)

CITY

STATE

ZIP CODE

+4

MAILING ADDRESS IF DIFFERENT FROM ABOVE

MAILING ADDRESS CONTINUED (SUITE, BUILDING, APT., ETC)

CITY

STATE

ZIP CODE

+4

NAME OF PERSON COMPLETING THIS APPLICATION

PHONE NUMBER (NUMBERS ONLY)

TITLE

TRAINING START DATE (MMDYYYY)



**SECTION III SCHOOL STRUCTURE/OWNERSHIP INFORMATION**

The structure of the school ownership is (select one):

Other (Specify)

Sole Proprietorship     Partnership     Corporation

\_\_\_\_\_

PROVIDE THE NAMES AND TITLES OF OWNERS, PARTNERS, OFFICERS BELOW (use additional sheet of paper if necessary)

NOTE: IF THE OWNER IS A SOLE PROPRIETORSHIP, SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER IS REQUIRED.

SOCIAL SECURITY NUMBER

ALIEN REGISTRATION NUMBER

																SEE APPLICATION INSTRUCTIONS
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LAST NAME											FIRST NAME					MI		

ADDRESS

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CITY											STATE		ZIP CODE			+4	

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CITY											STATE		ZIP CODE			+4	

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TITLE

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**SECTION IV AFFIRMATION AND NOTARIZATION**

I affirm that this school has adopted the curriculum as outlined in Rule 5N-1.140(1), Florida Administrative Code, and that all instructors utilized by this school, unless specifically exempted by rule, will be licensed as required by Rule 5N-1.138, Florida Administrative Code. I understand that falsification or misrepresentation of any document may subject me to criminal prosecution under Section 837.06, Florida Statutes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing application was sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
PRINT Name of Applicant

\_\_\_\_\_  
NOTARY SIGNATURE

Personally Known     Produced Identification

\_\_\_\_\_  
PRINT, TYPE, OR STAMP NAME OF NOTARY

*Type of Identification Produced* \_\_\_\_\_