

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**NICOLE “NIKKI” FRIED
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS
APPLICATION FOR REINSTATEMENT OF NULL AND VOID LICENSE**

Chapter 472, Florida Statutes
Rule 5J-17.048, Florida Administrative Code

Florida Department of Agriculture and Consumer Services
Board of Professional Surveyors and Mappers
Application for Reinstatement of Null and Void License

If you have any questions or need assistance in completing this application, please contact the Florida Department of Agriculture and Consumer Services at 1-800-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. Applicants are cautioned to read questions thoroughly. A false answer concerning background information will subject the applicant to denial or subsequent disciplinary action against the license.

APPLICATION REQUIREMENTS

**Reinstatement of Null
and Void License**

- ☐ Submit payment in the amount of \$255 for every licensure biennium that you failed to renew your license. Make your check payable to the Florida Department of Agriculture and Consumer Services (FDACS).
- ☐ Submit a copy of the Final Order from the Board approving your eligibility to apply for a reinstatement of a null and void license
- ☐ Submit evidence, in accordance with rule 5J-17.042, F.A.C., of completion of one (1) continuing education credit in surveying and mapping related courses or seminars for each month that your license was delinquent

Please send your completed application, documentation and required fee(s) to:

FDACS
Division of Consumer Services
Surveyors and Mappers
P.O. Box 6700
Tallahassee, FL 32314-6700

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



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www.FDACS.gov • (850) 410-3804 Fax

Submit and Pay Online at:
www.FDACS.gov

- or -

Check or Money Order payable
to FDACS and remit with
application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

APPLICANT INFORMATION

Name:

Suffix:

Null and Void License Number:

Date of Birth:

Gender:

** Social Security Number:

/ /

☐ Male ☐ Female

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

City:

State:

Zip Code:

County (if address is in Florida):

Country:

☐ Please check if mailing address is the same as home address.

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

City:

State:

Zip Code:

County (if address is in Florida):

Country:

Email Address:

** Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.

F & A Use Only

Org Code: 42 10 08 01 000
EO: A2
Object Code: 002231 \$250
42100802000 / 001256 \$5

(_____) _____ - _____ *Home Phone*

(_____) _____ - _____ *Cellular Phone*

(_____) _____ - _____ *Business Phone*

(_____) _____ - _____ *Facsimile*

Highest Grade Completed (Please check one):

Graduate School:

 $\square_1 \quad \square_2$

Name and Address of School, College, or University Attended	Year of Graduation	Degree	Currently enrolled? <i>If Yes*, date of anticipated graduation.</i>	Foreign School <i>Was your school located overseas?</i>
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes* <input type="checkbox"/> No ____*	<input type="checkbox"/> Yes <input type="checkbox"/> No

$$\frac{\quad}{mm} / \frac{\quad}{dd} / \frac{\quad}{yyyy}$$
☐ Yes ☐ No

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☐ Yes ☐ No☐ Yes ☐ No

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 1” located below** (make additional copies as needed).

☐ Yes ☐ No

- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? ☐ Yes ☐ No
- c. Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, refused, revoked, suspended, or otherwise acted against, or is a pending proceeding or investigation to deny such an application? ☐ Yes ☐ No
- d. Has any license, registration, certificate or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished surrendered, withdrawn, or otherwise acted against, in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☐ No

NOTICE AND SIGNATURE

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I understand that I am filing this application for consideration by the Board. I understand that reinstatement of my license is left to the discretion of the Board.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I agree to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Signature: _____ Date: _____