



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

MILITARY FEE WAIVER REQUEST

Sections 472.015(3)(b), 472.016, 501.015(2), 501.605(5)(b), 501.607(2)(b), 501.609, 507.03(3)(b), (c), 527.02(3)(b), (c), 539.001(3)(c), (g), 559.904(3)(b), (c), 559.928(2)(c), (d), Florida Statutes
Rule 5J-26.001, Florida Administrative Code

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

Please return completed request, supporting documentation and Registration Application to:

FDACS
Bureau of Compliance
P.O. Box 6700
Tallahassee, FL 32314-6700

NICOLE "NIKKI" FRIED
COMMISSIONER

Certain individuals may apply for an initial registration fee waiver or a renewal registration fee waiver in the licensure areas listed below. Please indicate which type of waiver you are requesting and the program area in which you are requesting the waiver. In addition to completing this fee waiver request, applicants are required to complete the registration application of the program area in which they are requesting licensure. The registration application, waiver request and supporting documentation should be submitted to the department at the same time. All documents and attachments submitted with this application may be subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT.

Waiver of Initial Fee

Waiver of Renewal Fee

- Board of Professional Surveyors and Mappers (ss. 472.015(3)(b), 472.016, F.S.)
Florida Telemarketing Act – Licensure of commercial telephone sellers (ss. 501.605(5)(b), 501.609, F.S.)
Florida Telemarketing Act – Licensure of salespersons (ss. 501.607(2)(b), 501.609, F.S.)
Florida Telemarketing Act – Licensure of substance abuse marketing service providers (ss. 501.605(5)(b), 501.609, F.S.)
Health Studios (s. 501.015(2), F.S.)
Household Moving Services (ss. 507.03(3)(b), (c), F.S.)
Pawnbroking (ss. 539.001(3)(c), (g), F.S.)
Repair of Motor Vehicles (ss. 559.904(3)(b), (c), F.S.)
Sale of Liquefied Petroleum Gas (ss. 527.02(3)(b), (c), F.S.)
Seller of Travel (ss. 559.928(2)(c), (d), F.S.)

Applicant Information

Name of Business or Individual (If a business, state the legal name of the entity as registered with the Florida Department of State, Division of Corporations):

Fictitious (DBA) Name (if applicable):

Mailing Address (include APT or SUITE #):

City: State: Zip Code:

Telephone Number: Fax Number:

Email Address:

Name of military service member:

Date of the veteran's honorable discharge:

Waiver of Initial Fee Requirements

(Please check one and attach the required documentation)

The following persons are eligible for a waiver of the application fee associated with each initial license or registration. Please indicate the waiver you are requesting.

<input type="checkbox"/>	I AM AN HONORABLY DISCHARGED VETERAN OF THE UNITED STATES ARMED FORCES OR NATIONAL GUARD. To qualify for the waiver, the following documentation is required: <ul style="list-style-type: none">• A copy of your DD Form 214 or NGB-22, as issued by the United States Department of Defense, or another acceptable form of identification as specified by the Department of Veterans' Affairs.
<input type="checkbox"/>	I AM OR WAS THE SPOUSE/SURVIVING SPOUSE OF AN HONORABLY DISCHARGED VETERAN (AT THE TIME OF DISCHARGE) OF THE UNITED STATES ARMED FORCES OR NATIONAL GUARD. To qualify for the waiver, the following documentation is required: <ul style="list-style-type: none">• A copy of the veteran's DD Form 214 or NGB-22, as issued by the United States Department of Defense, or another acceptable form of identification as specified by the Department of Veterans' Affairs; and• A copy of a valid marriage license or certificate verifying that you were lawfully married to the veteran at the time of his/her discharge.
<input type="checkbox"/>	I AM A CURRENT MEMBER OR THE SPOUSE OF A CURRENT MEMBER OF THE UNITED STATES ARMED FORCES OR NATIONAL GUARD WHO HAS SERVED ON ACTIVE DUTY. To qualify for the waiver, the following documentation is required: <ul style="list-style-type: none">• A copy of your, or your spouse's military orders, as issued by the United States Department of Defense, or another acceptable form of identification as specified by the Department of Veterans' Affairs; and if applicable• A copy of a valid marriage license or certificate verifying that you are lawfully married to the military service member.
<input type="checkbox"/>	I AM THE SURVIVING SPOUSE OF A MEMBER OF THE UNITED STATES ARMED FORCES OR NATIONAL GUARD WHO DIED ON ACTIVE DUTY. To qualify for the waiver, the following documentation is required: <ul style="list-style-type: none">• A copy of the military service member's DD Form 214 or NGB-22, as issued by the United States Department of Defense, or another acceptable form of identification as specified by the Department of Veterans' Affairs; and• A copy of a valid marriage license or certificate verifying that you were lawfully married to the military service member at the time of his/her death while on active duty.
<input type="checkbox"/>	I AM A CURRENT MEMBER, OR AN HONORABLY DISCHARGED VETERAN, OR SPOUSE/SURVIVING SPOUSE OF AN HONORABLY DISCHARGED VETERAN AND HOLD MAJORITY OWNERSHIP IN THE BUSINESS ENTITY. To qualify for the waiver, the following documentation is required: <ul style="list-style-type: none">• Proof that a veteran or the spouse/surviving spouse of a veteran holds a majority ownership in the business;• The name, address and telephone number of such majority owner;• A copy of the veteran's DD Form 214 or NGB-22, as issued by the United States Department of Defense, or another acceptable form of identification as specified by the Department of Veterans' Affairs; and if applicable• A copy of a valid marriage license or certificate verifying that you were lawfully married to the veteran at the time of his/her discharge.

Waiver of Renewal Fee Requirements

(Please check one and attach the required documentation)

The following persons are eligible for a waiver of the application fee associated with the renewal of a license or registration. Please indicate which waiver you are requesting.

<input type="checkbox"/>	I AM A MEMBER, OR AN HONORABLY DISCHARGED VETERAN OF THE UNITED STATES ARMED FORCES OR NATIONAL GUARD. To qualify for the waiver, the following documentation is required: <ul style="list-style-type: none">• A copy of your military orders, as issued by the United States Department of Defense, or another acceptable form of identification as specified by the Department of Veterans' Affairs; or if applicable• A copy of your DD Form 214 or NGB-22, as issued by the United States Department of Defense, or another acceptable form of identification as specified by the Department of Veterans' Affairs that proves you served on active duty within the 2 years preceding the renewal date of your license.
<input type="checkbox"/>	I AM THE SPOUSE OF A MEMBER OF THE UNITED STATES ARMED FORCES OR NATIONAL GUARD. To qualify for the waiver, the following documentation is required: <ul style="list-style-type: none">• A copy of your spouse's military orders, as issued by the United States Department of Defense, or another acceptable form of identification as specified by the Department of Veterans' Affairs.• A copy of a valid marriage license or certificate verifying that you are lawfully married to the active military member.
<input type="checkbox"/>	I WAS THE SPOUSE OF A MEMBER OF THE UNITED STATES ARMED FORCES OR NATIONAL GUARD WHO WAS SERVING ON ACTIVE DUTY AT THE TIME OF DEATH AND DIED WITHIN THE 2 YEARS PRECEDING THE RENEWAL DATE OF MY LICENSE. To qualify for the waiver, the following documentation is required: <ul style="list-style-type: none">• A copy of the military service member's DD Form 214 or NGB-22, as issued by the United States Department of Defense, or another acceptable form of identification as specified by the Department of Veterans' Affairs• A copy of a valid marriage license or certificate verifying that you were lawfully married to the military service member at the time of his/her death.

Certification

I declare under penalty of perjury that the foregoing is true and correct. I understand that this request will not be considered unless all required documentation has been provided and submitted along with a completed program registration application.

Signature

Print Name

_____/_____/_____
Month Day Year