



Florida Department of Agriculture and Consumer Services
Division of Licensing

CERTIFICATE OF COMPLETION

Chapter 493, Florida Statutes
Rule 5N-1.140, Florida Administrative Code

Post Office Box 5767 • Tallahassee, FL 32314-5767 • (850) 245-5691
mylicensesite.com

**WILTON SIMPSON
COMMISSIONER**

NAME OF INDIVIDUAL TAKING EXAM
STREET ADDRESS
CITY, FLORIDA

Exam Date:

Exam Name: PRIVATE INVESTIGATOR/
MANAGER

This is to certify the above-named individual has passed the examination required pursuant to Section 493.6203(5), Florida Statutes, and may now apply for a Class "C" Private Investigator license, Class "MA" Manager Private Investigative Agency license or Class "M" Private Investigative/Security Agency, Branch Manager license.

Signature of Regional Office Representative

Date

Certificate Tracking Number: T

AFFIX TRACKING NUMBER - CERT LABEL HERE

