

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

**SELLERS OF TRAVEL
INDEPENDENT SALES AGENTS
STATEMENT OF EXEMPTION**

s. 559.928(3), Florida Statutes
5J-9.002(2)

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Make check or money order payable and remit with application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32399-6700

As of July 1, 2008, an annual filing fee of \$50 is required for each independent sales agent (s. 559.928, F.S.).
PLEASE TYPE OR PRINT. Additional pages may be attached if extra space is needed. All fees are non-refundable.

I, THE UNDERSIGNED,

Name of person making statement: _____
First Name
M.I.
Last Name

_____ of _____
Title
Name operating under, if different than above

Located at: _____ in _____
Business Address of Independent Agent
City, State, Zip Code

_____ in _____
Mailing Address of Independent Agent
City, State, Zip Code

_____ *Email Address* _____ *Business Telephone Number*

Seller of Travel you Represent	Their Address	Their Seller of Travel or ARC #

Additional pages may be attached if extra space is needed.

AND THEREFORE, I:

- Act for or on behalf of a seller of travel that is operating in compliance with Sections 559.926-559.939, Florida Statutes, the Sellers of Travel Act; **AND**
- Have a written contract with the seller(s) of travel listed above (**please provide us a copy of the contract**); **AND**
- Do not receive a fee, commission or other valuable consideration directly from the purchasers of travel or travel related services; **AND**
- Do not at any time have any un-issued ticket stock in my possession; **AND**
- Do not have the ability to issue tickets, lodging or vacation certificates, or any other travel documents.

_____ *Signature of Independent Sales Agent* _____ *Date*

STATE OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,

by _____, who is personally known to me

or who has produced _____ as identification and who made due oath or affirmation.

_____ (Seal)
Notary Public

_____ My Comm. Expires

Org Code: 42100602000	
EO: A2	
Object Code: 001115	\$50.00