

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
COMMISSIONER**

**COMMERCIAL TELEPHONE SALESPERSON
INDIVIDUAL LICENSE APPLICATION PACKET**

s. 501.607, Florida Statutes

5J-6.005

Florida Department of Agriculture and Consumer Services
Commercial Telephone Salesperson New Filing Application Packet

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INSTRUCTIONS

Section 501.616, Florida Statutes, states that it shall be unlawful for telephone salesperson to be unlicensed. An applicant for a license as a salesperson must submit to the department, in such form that it provides, a written application for a license. The Department has adopted rules which allow certain salesperson applicants to operate on an interim basis until such time as a license is granted or denied, such interim authority is not to exceed 90 days. If an interim license has not been granted, then it is unlawful for a salesperson to begin conducting commercial telephone solicitation before such license is issued.

A **\$50.00** annual filing fee must accompany the salesperson application. **All fees are non-refundable.** Upon approval of the application, the Department shall issue a license number to all salespersons. Filing an application shall not in any way indicate approval, certification, or endorsement by the State of Florida. If you have any questions, please contact the Division of Consumer Services at (850) 410-3800 or if you are calling from within Florida call toll free at 1-800-HELP-FLA (435-7352).

CHECKLIST

Item # 1:

Enclose Annual Filing Fee in the amount of \$50.00. Please make check or money order payable to: Florida Department of Agriculture and Consumer Services or FDACS.

Item # 2:

Provide the legal true name of the applicant, date of birth, driver's license number, home address, and contact information.

Item # 3:

Information regarding seller you will be working for, if more than one than attach additional pages.

Item # 4:

List each business or occupation engaged in by the applicant during the three (3) years **immediately preceding** the date of the application. **All three years must be accounted for in the application before a license will be issued.**

Item # 5:

List all previous experience as either a seller or a salesperson.

Item # 6:

Answer each question yes or no, and provide information for all "yes" responses.

Signature:

Sign the form (located on page 4) under oath in front of a notary public.

Statement of Verification:

The commercial telephone seller must complete this form (located on page 5) under oath, in front of a notary public.

ADDITIONAL INFORMATION

Renewals: This license must be renewed annually on a form provided by the Department.

It is a violation of the Florida Telemarketing Act for a salesperson to fail to maintain a valid license; advertise that one is licensed as a salesperson or to represent that such licensing constitutes approval or endorsement by any government or governmental office or agency; provide inaccurate or incomplete information to the Department when making a license application; or misrepresent that a person is registered or that such a person has a valid license number.

Submit a Material Change Form and a fee of \$10, within ten (10) days of any changes made to the information provided within the application.

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



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INDIVIDUAL LICENSE APPLICATION PACKET**

Chapter 501.607, Florida Statutes
5J-6.005

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 application to:

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

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Please type or print. Additional pages may be attached if additional space is needed. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question.

- 1. Annual Registration Fee: **\$50.00**, Section 501.607(2)(b), Florida Statutes. Please submit a check or money order payable to the Florida Department of Agriculture and Consumer Services. All fees are non-refundable.

APPLICANT INFORMATION [s.501.607(1)(a), F.S.]

- 2. Legal (True) Name:

Date of Birth: _____ / _____ / _____

Driver's License or State Issued ID Number: _____

State of Issue: _____

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

City: _____

State: _____ Zip Code: _____ - _____

Email Address: _____

Telephone Number: (_____) _____ - _____

EMPLOYER INFORMATION

- 3. Employer's Legal Name (If employer is not an individual, state the legal name of the entity as filed with the Florida Division of Corporations):

License Number, Issued by the Department:
TC- _____

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

City: _____

State: _____ Zip Code: _____ - _____

Telephone Number:
(_____) _____ - _____

Org. Code: 42100607000
EO: A2
Object Code: 002051 \$50.00

If you intend to act as a salesperson for more than one company, please provide us with the additional employer information on a separate page and attach it to this application. You must include a Statement of Verification (located on page 4) for each commercial telephone seller with which you intend to affiliate.

APPLICANT WORK HISTORY

4. List each business or occupation engaged in by the applicant during the 3 years **immediately preceding** the date of the application and the location thereof. **You must account for the last 3 years** whether employed or unemployed.
[s.501.607(1)(b), F.S.]

a. From: _____ / _____ / _____ To: Present

Title (Occupation): _____

Name of Business: _____

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):* _____

City: _____ State: _____ Zip Code: _____ - _____

b. From: _____ / _____ / _____ To: _____ / _____ / _____

Title (Occupation): _____

Name of Business: _____

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):* _____

City: _____ State: _____ Zip Code: _____ - _____

c. From: _____ / _____ / _____ To: _____ / _____ / _____

Title (Occupation): _____

Name of Business: _____

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):* _____

City: _____ State: _____ Zip Code: _____ - _____

d. From: _____ / _____ / _____ To: _____ / _____ / _____

Title (Occupation): _____

Name of Business: _____

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):* _____

City: _____ State: _____ Zip Code: _____ - _____

5. Do you have previous experience as a commercial telephone seller or salesperson?

Yes **No** If **yes**, previous experience (in months) as a commercial telephone seller or salesperson: _____

CRIMINAL AND LITIGATION HISTORY

6. 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 A" located on the following page (make additional copies as needed). [s.501.607(1)(d-h), F.S.]

- a. Have you, regardless of adjudication, previously been arrested for, convicted or found guilty of, entered a plea of guilty or a plea of nolo contendere to, or are you under indictment or information for a felony? **Yes** **No**
- b. Have you, regardless of adjudication, previously been convicted or found guilty of, entered a plea of guilty or a plea of nolo contendere to, or are you under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? **Yes** **No**
- c. Have you been convicted of acting as a salesperson without a license, either judicial or administrative? **Yes** **No**
- d. Has a judicial or administrative finding been entered finding you were previously convicted of acting as a salesperson without a license? **Yes** **No**
- e. Have you ever applied for a salesperson license that has been refused, or had a salesperson licensed revoked or suspended in any jurisdiction? **Yes** **No**
- f. Have you ever worked for, or been affiliated with, a company that is involved in pending litigation or has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **Yes** **No**
- g. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **Yes** **No**

Exhibit A

Legal (True) Name:

Court or administrative agency rendering the decision, judgment or order:

Governmental agency which brought the action:

Nature of conviction, judgment, order or action:

Date of Action:

____ / ____ / ____

Docket Number:

Please attach additional pages as necessary using the same format.

I understand that the Florida Department of Agriculture and Consumer Services will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry. [s.501.607(2), F.S.]

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm or person from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Director of the Division of Consumer Services, or the Director's representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION, AND IN ANY EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.

Applicant Signature

Print or Type Applicant Name

STATE OF: _____

COUNTY OF: _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,

by _____, who is _____ personally known to me or who has
Name of Applicant

produced _____ as identification.

SEAL/STAMP

Notary Public Signature

Notary Public Name, Please Print

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

STATEMENT OF VERIFICATION

Section 501.607(2)(a), Florida Statutes

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

I, _____ represent that I am a licensed commercial
Name of Commercial Telephone Seller Representative

telephone seller with _____ with whom
Legal Name of Telephone Seller – Business

_____ will be associated in the activity of commercial telephone solicitation.
Name of Salesperson

It is my desire to associate the individual above as a salesperson and I will accept all responsibility and liability for the commercial telephone solicitation activities of the salesperson, while acting within the scope of his/her employment.

Signature of Commercial Telephone Seller Representative

STATE OF: _____

COUNTY OF: _____

BEFORE ME,
an officer duly authorized to take acknowledgments in the State of _____,

personally appeared _____, who, having first made due oath or affirmation, and
Name of Commercial Telephone Seller Representative

being known to me or having produced _____ as identification, represented that he/she is duly authorized to bind the commercial telephone seller and acknowledges before me that he/she executed the foregoing instrument individually and on behalf of the commercial telephone seller and that the above statements are true.

Accepted this _____ day of _____, 20_____.

SEAL/STAMP

Notary Public Signature

Notary Public Name, Please Print