

# **FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**



**NICOLE “NIKKI” FRIED  
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
REQUEST FOR DETERMINATION OF ELIGIBILITY TO APPLY FOR  
REINSTATEMENT OF NULL AND VOID LICENSE**

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

**Board of Professional Surveyors and Mappers**  
**Request for Determination of Eligibility to Apply 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 this application along with your required \$125 fee. Make your check payable to the Florida Department of Agriculture and Consumer Services (FDACS);
- ☐ Submit documents that verify your illness or unusual hardship;
- ☐ Submit a written time-line that chronologically documents when your surveyor and mapper license was last active, when your license became null and void, when you suffered your illness, and/or when you experienced an unusual hardship that prevented the renewal of the surveyor and mapper license.
- ☐ Submit documents that verify the applicant's illness or unusual hardship

**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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**REQUEST FOR DETERMINATION OF ELIGIBILITY TO  
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Chapter 472, Florida Statutes  
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1-800-HELP-FLA (435-7352) • (850) 410-3800  
[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com) • (850) 410-3804 Fax

Submit and Pay Online at:  
[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com)

- 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: 001266

\$125

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
*Home Phone*

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
*Cellular Phone*

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
*Business Phone*

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
*Facsimile*

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

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**a.** Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "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?

**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?

**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?

## GOOD FAITH STATEMENT

Statement Demonstrating Good-Faith Effort to Comply with Renewal and Explanation of Illness or Undue Hardship that Prevented Renewal:

Submit documents that verify the applicant's illness or unusual hardship.

## NOTICE AND SIGNATURE

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

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

I understand that if the Board determines I am eligible to apply for reinstatement of licensure, then I am required to submit to the Board Office the "Board of Professional Surveyors and Mappers Application for Reinstatement of Null and Void License", FDACS-10052, Rev. 05/19. Copies of the form may be obtained from the Board office or online at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-10849>.

I understand that my license will not be reinstated until the requirements of rule 5J-17.048(2) and (3), F.A.C., have been satisfied and the Board has issued a Final Order reinstating my license.

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: \_\_\_\_\_