

State of Florida
Department of Business and Professional Regulation
Board of Employee Leasing Companies
Application for Licensure as an Employee Leasing Company Controlling Person
Form # DBPR ELC 1

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

| APPLICATION REQUIREMENTS |
|--|
| <p>ALL License Applicants must submit:</p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> • Application fee: \$106.75 application fee. • Licensing fee: <ul style="list-style-type: none"> ▪ \$600.00 licensing fee, if application is submitted in the first year of the biennium. The first year of the biennium period is from May 1st of every even-numbered year through April 30th of the following odd-numbered year. ▪ \$300.00 licensing fee, if application is submitted in the second year of the biennium. The second year of the biennium period is from May 1st of every odd-numbered year through April 30th of the following even-numbered year. • Make check payable to the Florida Department of Business and Professional Regulation. <p><input type="checkbox"/> Electronic fingerprints.</p> <ul style="list-style-type: none"> • Electronic Fingerprinting is available at various convenient sites throughout the state. See http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf for more information. <p><input type="checkbox"/> Credit report on the applicant from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels.</p> <p><input type="checkbox"/> Submit a certified transcript of college credits if using college credit to meet the education requirements for licensure as a controlling person AND/OR complete a separate Verification of Employment (section V) for each employer within the past ten (10) years</p> <p><input type="checkbox"/> Complete an IRS Form 8821. (see Instructions below for details on completing IRS Form 8821)</p> <p><input type="checkbox"/> Supporting legal documentation, if necessary. See Section IV of Instructions.</p> |

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-0783

BASIC QUALIFICATIONS FOR CONTROLLING PERSONS

- Be at least 18 years of age.
- Be of good moral character.
- Have the education, managerial, or business experience to successfully operate or be a controlling person of an employee leasing company.
- The "controlling person" of a business is defined as:
 - (a) any natural person who possesses, directly or indirectly, the power to direct or cause the direction of the management or policies of any employee leasing company, including, but not limited to: direct or indirect control of 50 percent or more of the voting securities of the employee leasing company; or the general power to endorse any negotiable instrument payable to or on behalf of the employee leasing company; or to cause the direction of the management or policies of any employee leasing company; or
 - (b) any natural person employed, appointed, or authorized by an employee leasing company to enter into a contractual relationship with a client company on behalf of the employee leasing company.

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

1) Application Instructions by section

a) Section I- Applicant Information

- i) Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- ii) In the Full Legal Name section, applicants must provide their full legal name. Do not use any nicknames, aliases, or initials.
- iii) Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv) Provide a valid phone number and email address. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve. Providing your email address is a public record.
- v) Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
- vi) Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

b) Section II- Company Information

- i) Provide the name and license number of the Employee Leasing Company for which you will be a controlling person. If the company is not licensed put "applied for" under the license number.

c) Section III- Education History

- i) Provide your education history by completing all applicable sections.
- ii) If you attended a school under a different name from that which you are using to apply for this license, please provide the name in the section provided.
- iii) Note that if you will use college credit to meet education requirements, a transcript of college credits will need to be included with your application.
 - (1) Provide the name and address for the institution attended.
 - (2) Provide the dates you attended and major/minor course of study and indicate whether you received a degree.

d) Section IV (a), (b), and (c) - Background Questions.

- i) Question 1:
 - (1) If you answer "yes" to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report and copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- ii) Question 2:
 - (1) If you answer "yes" to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by explaining the reason for denial or pending action. You may be asked to supply copies of documentation ordering the denial or pending action.
- iii) Question 3:
 - (1) If you answer "yes" to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by providing an explanation for the action against your license and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- iv) Question 4:
 - (1) If you answer "yes" to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by explaining the nature of the case and the

allegations made against the entity you were affiliated with. If a judgment was entered against the entity, please supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.

v) Question 5:

- (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by providing an explanation for the action against the license of the entity you were affiliated with and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

vi) Question 6:

- (1) If you answer “yes” to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide an explanation of the charges or the nature of the case and the allegations made against you. Provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.

e) **Section V- Verification of Employment**

- i) Provide a separate verification of employment for each employer totalling ten (10) years of employment. Make additional copies as necessary.
- ii) The top portion of the section is to be completed by the applicant.
- (1) Provide your name, Social Security number, address, and telephone number.
- (2) Provide the company name and address of the employer for which employment will be verified.
- (3) Applicant must sign and date the top section.
- (4) Provide the dates of employment with employer for the applicant. If, presently working write “present” in the “To:” space.
- (5) Provide the applicant’s title and position during employment.
- (6) Provide a brief description of your employment duties in the space provided.
- (7) Provide a reason why applicant ceased working for employer.
- (8) Provide any comments relevant to the applicant’s experience qualifications for licensure as a controlling person for an employee leasing company.

f) **Section VI- Affirmation by Written Declaration**

- i) The applicant must sign the affirmation by written declaration.

Instructions for completing IRS Form 8821

Complete the following items on the form:

1. Taxpayer information
 - o This must be the name of the applicant.
2. Appointee
 - o This must be named Florida Department of Business and Professional Regulation - Employee Leasing Board, 1940 N. Monroe St., Tallahassee, Fla. 32399.
3. Tax matters:
 - o The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. You must list forms 940 and 941 as well as any additional forms the applicant will be filing.
 - o Year(s) or period(s) must include the current year, past two (2) years and three (3) future tax periods.
4. Complete # 4 specific use not recorded on centralized authorization file.
 - o You must check off # 4 on this section.
5. The applicant must sign and date this section of the form.

State of Florida
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[6301/1030]

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For additional information see the Instructions at the end of this application.

Section I – Applicant Information

| APPLICANT INFORMATION | | | |
|---|-------|---|------------------------|
| Social Security Number* | | | |
| FULL LEGAL NAME | | | |
| Last Name | | First | Middle |
| Birth Date (MM/DD/YYYY) / / | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| MAILING ADDRESS | | | |
| Street Address or P.O. Box | | | |
| | | | |
| City | | State | Zip Code (+4 optional) |
| County (if Florida address) | | Country | |
| CONTACT INFORMATION | | | |
| Phone Number | | Fax Number | |
| Email Address (optional) | | | |
| CURRENT/PRIOR LICENSE INFORMATION | | | |
| If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary): | | | |
| 1. License/Registration Type | State | Date (From) / / | Date (To) / / |
| License Number | | Name Used | |
| 2. License/Registration Type | State | Date (From) / / | Date (To) / / |
| License Number | | Name Used | |
| 3. License/Registration Type | State | Date (From) / / | Date (To) / / |
| License Number | | Name Used | |

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section I – Applicant Information continued

| PRIOR NAME INFORMATION | | | | |
|--|-------|--------|-------|--------|
| Have you used, been known as, or are currently known by another name (example - maiden name, nickname) or alias other than the name provided in the legal name section of the applicant information? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If your answer is yes, state name or names used below: | | | | |
| Last Name | First | Middle | Title | Suffix |
| Last Name | First | Middle | Title | Suffix |
| Last Name | First | Middle | Title | Suffix |

Section II – Company Information

| COMPANY INFORMATION |
|----------------------------------|
| Name of Employee Leasing Company |
| Company License Number |

Section III – Education History

| EDUCATION HISTORY | | | | |
|---|----------------------------------|--|------------------------------|-----------------------------|
| Name/Address of High School | Received | | Date Received | |
| | <input type="checkbox"/> Diploma | <input type="checkbox"/> Certificate of Completion | | |
| | <input type="checkbox"/> GED | <input type="checkbox"/> Other | | |
| Your name, if different from application: | | | | |
| Name/Address of College, University, or Professional School | Dates of Attendance (Month/Year) | Did you Graduate? | Degree(s) Received | Major/Minor Course of Study |
| | | | | |
| | | | | |
| Your name, if different from application: | | | | |
| If using college credit to meet the education requirements for licensure as a controlling person, a transcript of college credits should be included with the application. | | | | |
| Name/Address of Business, Technical, Trade, or Vocational School | Dates of Attendance (Month/Year) | Did you Graduate? | Diploma/Certificate Received | |
| | | | | |
| | | | | |
| Your name, if different from application: | | | | |

Section IV(a) – Background Questions

| BACKGROUND QUESTIONS | | | |
|---|------------------------------|-----------------------------|--|
| <p>If you answer "YES" to any question below, please refer to Section IV of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section IV (b) for your response to question 1, and complete Section IV (c) for your response to questions 2 through 6. If you have more offenses/incidents to document in Section IV (b) or (c), attach additional copies as necessary.</p> | | | |
| 1. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not 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 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.</p> |
| 2. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Have you ever had an application for registration, certification, or licensure in Florida or in any other state, province, district, territory, possession or nation denied, or is there now pending a proceeding or investigation to deny such an application?</p> |
| 3. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Has any professional license, registration, certification or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined including probation, fine, or reprimand in a disciplinary proceeding in Florida or in any other state, province, district, territory, possession or nation, or is any such proceeding or investigation now pending?</p> |
| 4. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <p>Have you ever filed for personal bankruptcy or been involved in an entity that has been adjudicated bankrupt, filed proceedings under the Federal Bankruptcy Code or otherwise closed due to insolvency; or been an officer of an entity that has outstanding delinquent obligations for federal or state payroll taxes, health insurance premiums or workers' compensation premiums?</p> |
| 5. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <p>Have you ever been involved in an entity that voluntarily surrendered its license, registration, or certification in any state or jurisdiction in lieu of further investigation?</p> |
| 6. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <p>Have you ever been a defendant in a military court martial?</p> |

Section IV (b) – Explanation(s) for Background Question 1

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |
| | |

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |
| | |

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |
| | |

Section V – Verification of Employment

| TO BE COMPLETED BY APPLICANT | | | |
|--|-------------|-------------------------|-----------|
| Applicant Name: | | Social Security Number* | |
| Address: | | Phone Number: | |
| I am submitting an application to the Florida Department of Business and Professional Regulation for licensure as a controlling person of an employee leasing company. I have advised the Department of my employment with the following employer: | | | |
| Company Name | | | |
| Street Address | | | |
| City | | State | Zip |
| Dates of Employment (MM/DD/YYYY) | From: _____ | | To: _____ |
| Title & Position: | | | |
| Job Responsibilities: | | | |
| | | | |
| | | | |
| Reason For Leaving: | | | |
| Comments: | | | |
| | | | |
| | | | |
| Signature of Applicant: | | Date Signed: | |

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal Statutes. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654, and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

Section VI –Affirmation by Written Declaration

| AFFIRMATION BY WRITTEN DECLARATION | |
|--|-------|
| <p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p> | |
| Signature: | Date: |
| Print Name: | |