



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
www.MyFlorida.com/dbpr

TO BE COMPLETED BY PARI-MUTUEL LICENSEES ONLY	
Applicant's Name _____	
License Number _____	
Expiration Date of Current PMW License _____	

Please note: This form may only be used by individuals holding a current PMW license (other than a 90-Day Temporary License) issued by this division. If your license has expired, please complete a new application.

<input type="checkbox"/> CHECK THIS BOX TO UPGRADE A 1021 – PROFESSIONAL INDIVIDUAL LICENSE	
Upgrade from a <input type="checkbox"/> 3-year license	to a <input type="checkbox"/> 3-year Professional/Combo License (No Fee)
<input type="checkbox"/> CHECK THIS BOX TO UPGRADE A 1022 – GENERAL INDIVIDUAL LICENSE	
Upgrade from a <input type="checkbox"/> 3-year license	to a <input type="checkbox"/> 3-year General/Combo License (No Fee) <input type="checkbox"/> 3-year Professional License (\$65 Fee) <input type="checkbox"/> 3-year Professional/Combo License (\$65 Fee)
<input type="checkbox"/> CHECK THIS BOX TO UPGRADE A 1032 – GENERAL/COMBO LICENSE	
Upgrade from a <input type="checkbox"/> 3-year license	to a <input type="checkbox"/> 3-year Professional/Combo License (\$65 Fee)

ALL APPLICANTS PLEASE READ AND SIGN BELOW			
<p>Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal Statute. In this instance, disclosure of Social Security numbers is mandatory pursuant to Title 42, United States Code, Sections 653, 654; and Sections 409.2577, 409.2598, and 559.79, 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 occupational license applications and are used for licensee identification purposes pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317.</p> <p>Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.</p> <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 application has the same legal effect as if made under oath. To the best of my knowledge, all information contained on this application is true and correct. I understand that falsification of any information on this application may result in administrative action, including fines up to \$1,000, denial, suspension or revocation of the license. I agree to abide by and obey all rules and regulations of the Division of Pari-Mutuel Wagering and the laws of the State of Florida, pursuant to Section 550.105, Florida Statutes.</p>			
Signature of Applicant _____	Date _____		
FOR DIVISION USE ONLY			
License Code _____	License # _____	File # _____	License Year _____
Association Code _____	Date Received _____	Entered By _____	
License Fee _____	FP Date _____	FP Fee _____	Total Fee _____