

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS
APPLICATION FOR CERTIFICATE OF AUTHORIZATION**

Chapter 472, Florida Statutes
Rule 5J-17.063, Florida Administrative Code

Florida Department of Agriculture and Consumer Services
Board of Professional Surveyors and Mappers
Application for Certificate of Authorization

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 information requested is provided. Please read all questions thoroughly.

INSTRUCTIONS

1. Review Chapter 472, Florida Statutes, and Rule Chapter 5J-17, Florida Administrative Code, to become familiar with the responsibilities associated with operating a surveying and mapping business.
2. The fee of \$255 (\$125 application fee, \$125 license fee and \$5 unlicensed activity fee) for permanent licensure or \$180 (\$125 application fee, \$50 license fee and \$5 unlicensed activity fee) for temporary certificate, must be submitted along with the application. However, if this is an update for maintenance, there is no fee involved unless you have a name change which requires a \$25 fee for a new license to be printed.
3. A change in FEID number requires a NEW Certificate of Authorization.
4. Corporations must submit proof of existence. Attach a copy of the current Certificate of Status that has been filed with the Florida Department of State's office which will show all fees have been paid until December 31, of the year of application. Questions regarding registering your corporation should be directed to the Division of Corporations at (850) 488-9000.
5. Documentation must be provided for corporations, firms, partnerships, professional associations and persons using fictitious names to prove the existence of the business entity before the application is filed.
6. Changes in business entities shall be provided to the board within one (1) month of any changes in the business entity's office location and its licensed principal surveyors and mappers in residence, or may be subject to discipline.
7. If the business entity has more than one Florida office from which it provides surveying and mapping services, information about each branch office must be provided on a separate piece of paper attached to the application when it is submitted to the board.
8. For temporary certificate, applicants must submit a letter with details of the project that you will be working on. This letter must include start and ending dates, location, and work specifications. Temporary Certificates are only valid for a period of one (1) year and are not renewable.

APPLICATION REQUIREMENTS

- | | | |
|----------------------------|--------------------------|--|
| Initial Application | <input type="checkbox"/> | Submit this application along with your required fee(s). Pay \$255 fee for permanent licensure or \$180 for a temporary certificate. Make your check payable to the Florida Department of Agriculture and Consumer Services (FDACS). |
| | <input type="checkbox"/> | Submit current Certificate of Status on the firm's status with the Florida Department of State's office. |
| | <input type="checkbox"/> | Submit a certified copy of Articles of Incorporation and any amendments as filed with the Florida Department of State from the firm's base state. |
| | <input type="checkbox"/> | Letter containing start and ending dates, location and work specifications for the one job. THIS LETTER IS FOR TEMPORARY CERTIFICATION ONLY. |

APPLICATION REQUIREMENTS, continued

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|-------------------------------|--------------------------|---|
| Update for Maintenance | <input type="checkbox"/> | Submit this application along with your required \$25 fee, if name change will require a new license to be printed. Make your check payable to the Florida Department of Agriculture and Consumer Services (FDACS). |
| | <input type="checkbox"/> | Information on the firm's status with the Florida Department of State's office must match the firm's information given on the application. |
| | <input type="checkbox"/> | Submit a certified copy of Articles of Incorporation and any amendments, as filed with the Florida Department of State from the firm's base state. |

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

Submit and Pay Online at:
www.FreshFromFlorida.com

- or -

Check or Money Order payable
to FDACS and remit with
application to:

FDACS
PO Box 6700
Tallahassee, FL 32314-6700

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

APPLICATION TYPE

New Application Temporary Certificate Update for Maintenance Update, Add, Delete Branch Office

APPLICANT INFORMATION

Complete Business Name:

Federal Employer ID Number:

DBA Name:

License Number (if update):

LB-

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

City:

State:

Zip Code:

Please check if mailing address is the same as street address.

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

City:

State:

Zip Code:

Ownership:

Corporation Partnership Other

Contact Number(s):

() -
Business Phone

() -
Facsimile

Email Address:

NAME OF PRINCIPAL OFFICER IN THE BUSINESS ENTITY

Name of Surveyor and Mapper who is Principal Officer:

**Social Security Number:

Signature of Surveyor and Mapper who is Principal Officer:

License Number:

Date:

Name of Owner or President:

*Signature of Owner or President:

Date:

*As licensee-principal/partner, owner or president of the business entity making this application, you are responsible for the accuracy of the application. Any falsification of the application may result in revocation of the license, disciplinary action against you and possible criminal penalties. Rule 5J-17, Florida Administrative Code, requires that the board be notified within one month of any changes in the information provided in this application.

** 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.

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Org Code: 42 10 08 01 000
EO: A2
Object Code: 001266 \$125
Object Code: 002232 \$125/50
Object Code: 001265 \$25

42100802000 / 001256 \$5

BRANCH OFFICES

Information about each Florida branch office from which surveying and mapping services are offered, if any. Duplicate as necessary.

Branch Office	Street Address (if applicable please include suite, apartment and/or unit numbers):		
	City:	State:	Zip Code:
	Name of Surveyor and Mapper in Residence at this Location:		**Social Security Number:
	Signature of Surveyor and Mapper in Residence:	License Number:	Date:
	(_____) _____ - _____	(_____) _____ - _____	
	<i>Business Phone</i>	<i>Facsimile</i>	

Branch Office	Street Address (if applicable please include suite, apartment and/or unit numbers):		
	City:	State:	Zip Code:
	Name of Surveyor and Mapper in Residence at this Location:		**Social Security Number:
	Signature of Surveyor and Mapper in Residence:	License Number:	Date:
	(_____) _____ - _____	(_____) _____ - _____	
	<i>Business Phone</i>	<i>Facsimile</i>	

Branch Office	Street Address (if applicable please include suite, apartment and/or unit numbers):		
	City:	State:	Zip Code:
	Name of Surveyor and Mapper in Residence at this Location:		**Social Security Number:
	Signature of Surveyor and Mapper in Residence:	License Number:	Date:
	(_____) _____ - _____	(_____) _____ - _____	
	<i>Business Phone</i>	<i>Facsimile</i>	