

**State of Florida
Department of Business and Professional Regulation
Division of Drugs, Devices, and Cosmetics**

**Application for Certification as a Designated Representative
Form No: DBPR-DDC-226**

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

APPLICATION	APPLICATION REQUIREMENTS
Application for Certified Designated Representative	<ul style="list-style-type: none"> <input type="checkbox"/> Enclose nonrefundable fee of \$150.00. <input type="checkbox"/> Make cashier's check, corporate or business check, or money order payable to the Florida Department of Business and Professional Regulation, or DBPR. <input type="checkbox"/> Sign and date the Affidavit section of the application. <input type="checkbox"/> Complete and execute under oath the Personal Information Statement.
	<p>Submit the completed application with enclosures to: Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-1047</p>

General Information	
1.	<p>Examination. To become certified an applicant must receive a passing score of at least 75 percent on the Certified Designated Representative examination. The examination is very rigorous and tests the candidate's knowledge of state and federal laws and rules governing the distribution of prescription drugs. <u>An applicant must pass the examination within 18 months of being notified that (s)he is eligible or the application will be denied.</u></p>
2.	<p>Experience. An applicant for examination as a Certified Designated Representative must demonstrate that the applicant has at least 2 years of verifiable full-time:</p> <ul style="list-style-type: none"> a. Work experience in a pharmacy licensed in this state or another state, where the applicant's responsibilities included, but were not limited to, recordkeeping for prescription drugs; b. Managerial experience with an establishment licensed and authorized in this state or in another state to wholesale distribute prescription drugs; OR c. Managerial experience with the United States Armed Forces, where the applicant's responsibilities included, but were not limited to, recordkeeping, warehousing, distributing, or other logistics services pertaining to prescription drugs. <p>For the purpose of the work experience required to be certified as a designated representative:</p> <ul style="list-style-type: none"> 1. Serving in a managerial capacity does not require actual supervisory responsibilities over employees, but requires a level of responsibility consistent with a managerial employee, including but not limited to decision-making authority, responsibility for developing and implementing policies and procedures related to purchasing, sales, or inventory management for prescription drugs.

	<p>2. Responsibilities related to recordkeeping for prescription drugs by a person who worked in a pharmacy may include such activities as, practicing pharmacy pursuant to a valid pharmacy license, routinely purchasing or ordering prescription drugs where cognitive functions were involved and the order is not the result of an automated reorder system, routinely receiving prescription drugs and verifying the accuracy of the order, routinely taking a physical inventory of prescription drugs, routinely assessing the pharmacy shelves for outdated prescription drugs, and routinely completing an inventory for the transfer of adulterated prescription drugs for appropriate disposal.</p>
3.	<p>Please see sections 499.012(9) and (15), Florida Statutes, and Rule 61N-1.015(9), Florida Administrative Code, for more information regarding the Certified Designated Representative licensing requirements.</p>
4.	<p><u>Fingerprints</u>. The department is required to obtain a criminal record check of you prior to determining your application is complete. The quickest method to obtain a criminal record check is to submit your fingerprints electronically through a LiveScan vendor and pay the vendor directly. Information on approved LiveScan vendors and submission of electronic fingerprinting is attached to this form. If you choose to submit your fingerprints by using a fingerprint hard card, you may obtain a card from the Division.</p> <p>Note: If you have undergone a criminal record check as a condition of the issuance of an initial permit or the initial renewal of a permit after January 1, 2004, then you do not need to submit a new fingerprint card or electronic fingerprints.</p>
5.	<p>TYPE OR PRINT LEGIBLY an answer to every question. Use the last page of the form to provide additional explanations to questions where the form does not have sufficient room for your response.</p>

PLEASE NOTE:

- **Telephone, email, and fax contact information is used to quickly resolve questions with applications. If such information is not provided, questions regarding applications will be mailed to the application contact's mailing address and may take longer to resolve.**
- **The disclosure of Social Security numbers 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, 499.012(4)(a)f, 499.012(8)(o), 499.63(2), and 559.79(3), Florida Statutes, for the efficient screening of applicant 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.**

**State of Florida
Department of Business and Professional Regulation
Division of Drugs, Devices, and Cosmetics**

**Application for Certification as a Designated Representative
Form No.: DBPR-DDC-226**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics, at 850.717.1800. ***For additional information see the Instructions at the beginning of this application.***

Section I- Application Type

CHECK ONE OF THE APPLICATION TYPES
<input type="checkbox"/> New Application [3314/1010]

Section II – Applicant Information

APPLICANT INFORMATION			
Applicant's Name (Last, First, Middle, Former):			
Social Security Number:	Date of Birth:		
APPLICANT'S RESIDENCE ADDRESS			
Street Address:			
City:	State:	Zip Code (+4 optional):	
Residence Telephone Number:	Work Telephone Number:	Fax Number:	
Email Address:			
APPLICANT'S MAILING ADDRESS			
Street Address or PO Box:			
City:	State:	Zip Code (+4 optional):	
E-Mail Address:	Fax Number:		
EMPLOYMENT INFORMATION			
Establishment Name (If applicable):			
Establishment Address:			
City:	State:	Zip Code (+4 optional):	
List Establishment Florida Permit Number (If applicable):			

Section III – Work Experience

WORK EXPERIENCE

TO BE COMPLETED FOR INITIAL CERTIFICATION AS DESIGNATED REPRESENTATIVE.
 List all qualifying experience earned in and out of state. The applicant must have 2 years of verifiable full-time work experience.

Please check only one applicable experience type for this employment. Please fill out a separate work experience section for each employer under which you gain applicable experience. If additional work experience sections are required, you may copy the “Work Experience” section of the application as needed to provide the 2 years of verifiable full-time employment.

- Work experience in a pharmacy licensed in this state or another state, where the person’s responsibilities included, but were not limited to, recordkeeping for prescription drugs.
 Permit No.: _____
- Managerial experience with a prescription drug wholesale distributor licensed in Florida or in another state and authorized to distribute prescription drugs.
 Permit No.: _____ and State of issuance: _____
- Managerial experience with the United States Armed Forces where the person’s responsibilities included, but were not limited to, recordkeeping, warehousing, distributing, or other logistics services pertaining to prescription drugs.
 U.S. Military Branch: _____

Name of Employer:	Dates of Employment:	
	From: _____	To: _____
Street Address:	Total Years/Months of qualifying experience: _____	
	Phone No.:	
City:	State:	Zip Code (+4 optional):

Provide name, title, and work telephone number of person having direct knowledge of your experience.
 Name: _____ Title: _____
 Work Telephone Number: _____

Describe your duties that would qualify as work experience as outlined above.

WORK EXPERIENCE

TO BE COMPLETED FOR INITIAL CERTIFICATION AS DESIGNATED REPRESENTATIVE.

List all qualifying experience earned in and out of state. The applicant must have 2 years of verifiable full-time work experience.

Please check only one applicable experience type for this employment. Please fill out a separate work experience section for each employer under which you gain applicable experience. If additional work experience sections are required, you may copy the "Work Experience" section of the application as needed to provide the 2 years of verifiable full-time employment.

- Work experience in a pharmacy licensed in this state or another state, where the person's responsibilities included, but were not limited to, recordkeeping for prescription drugs.
Permit No.: _____

- Managerial experience with a prescription drug wholesale distributor licensed in Florida or in another state and authorized to distribute prescription drugs.
Permit No.: _____ State of issuance: _____

- Managerial experience with the United States Armed Forces where the person's responsibilities included, but were not limited to, recordkeeping, warehousing, distributing, or other logistics services pertaining to prescription drugs.
U.S. Military Branch: _____

Name of Employer:	Dates of Employment: From: _____ To: _____	
	Total Years/Months of qualifying experience: _____	
Street Address:	Phone No.:	
City:	State:	Zip Code (+4 optional):

Provide name, title, and work telephone number of person having direct knowledge of your experience.

Name: _____ Title: _____

Work Telephone Number: _____

Describe your duties that would qualify as work experience as outlined above:

WORK EXPERIENCE

TO BE COMPLETED FOR INITIAL CERTIFICATION AS DESIGNATED REPRESENTATIVE.
 List all qualifying experience earned in and out of state. The applicant must have 2 years of verifiable full-time work experience.

Please check only one applicable experience type for this employment. Please fill out a separate work experience section for each employer under which you gain applicable experience. If additional work experience sections are required, you may copy the "Work Experience" section of the application as needed to provide the 2 years of verifiable full-time employment.

- Work experience in a pharmacy licensed in this state or another state, where the person's responsibilities included, but were not limited to, recordkeeping for prescription drugs.
 Permit No.: _____
- Managerial experience with a prescription drug wholesale distributor licensed in Florida or in another state and authorized to distribute prescription drugs.
 Permit No.: _____ State of Issuance: _____
- Managerial experience with the United States Armed Forces where the person's responsibilities included, but were not limited to, recordkeeping, warehousing, distributing, or other logistics services pertaining to prescription drugs.
 U.S. Military Branch: _____

Name of Employer:	Dates of Employment:	
	From: _____ To: _____	
	Total Years/Months of qualifying experience: _____	
Street Address:	Phone No.:	
City:	State:	Zip Code (+4 optional):

Provide name, title, and work telephone number of person having direct knowledge of your experience.
 Name: _____ Title: _____
 Work Telephone Number: _____

Describe your duties that would qualify as work experience as outlined above:

Section IV– Affidavit

AFFIDAVIT

Pursuant to s. 559.79, F.S., 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.

Pursuant to s. 559.791, F.S., any license issued by the Department of Business and Professional Regulation which is issued or renewed in response to an application upon which the person signing under oath or affirmation has falsely sworn to a material statement, including, but not limited to, the names and addresses of the owners or managers of the licensee or applicant, shall be subject to denial of the application or suspension or revocation of the license, and the person falsely swearing shall be subject to any other penalties provided by law.

I understand that the issuance of a permit by the department only authorizes the applicant to conduct regulated activities in the state of Florida under the name in which the permit is issued. If the permit is issued in the name of a dba the applicant may only conduct business in Florida in the name of the dba.

I further understand that providing additional dba names to the department as part of the application process is not, upon licensure, an authorization to conduct business in Florida under the name of those additional dba's.

I certify that I am empowered to execute this application as required by s. 559.79, F.S. 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 the falsification of any information on this application may result in administrative action, including a fine, suspension, or revocation of the license.

Signature of Applicant:

Date:

Print Name:

Title:

Mail completed application to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399

ADDITIONAL INFORMATION (IF NEEDED)

Personal Information Statement

CHECKLIST – IMPORTANT – Submit all items on the checklist below to ensure faster processing.

FORM	REQUIREMENTS
Personal Information Statement	<input type="checkbox"/> Make any cashier's checks, corporate checks, or money orders payable to the Florida Department of Business and Professional Regulation, or DBPR. <input type="checkbox"/> Sign and date the Affidavit section of the form.
	Submit the completed form with enclosures to: Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-1047

GENERAL INSTRUCTIONS	
1.	TYPE OR PRINT LEGIBLY an answer to every question. Use the last page of the form to provide additional explanations to questions where the form does not have sufficient room for your response.
2.	If you previously submitted a Personal Information Statement with your company's last wholesale distributor renewal, you must complete Sections I & II, IX, X, and XI of the Personal Information Statement AND provide updates to the information requested in Sections III through VIII. If there are no updates check the box designated "no updates" in each section head.
3.	Each page of the form must be initialed and dated in the lower right corner by the person to whom this personal information statement applies.
4.	If any information provided is exempt from Florida's Public Records Law (Chapter 119, F.S.) please note this beside the response and provide the specific exemption in the statutes that is being claimed.
5.	Immediate Family Information - If a family member is deceased, provide the person's name and indicate deceased. You may then omit the rest of the information requested.
6.	Fingerprints. You may submit fingerprints electronically to the Department. Information on the submission of electronic submission of fingerprinting is attached to this form. If you choose to submit your fingerprints by using a fingerprint hard card, you may obtain a card from the Division. Note: If you have undergone a criminal record check as a condition of the issuance of an initial permit or the initial renewal of a permit after January 1, 2004, then you do not need to submit a new fingerprint card or electronic fingerprints.

Initial: _____ Date: _____

Personal Information Statement

If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics, at **850.717.1800**.

Section I.

ESTABLISHMENT INFORMATION		
Name:	Current Florida Permit No: <input type="checkbox"/> N/A	
Street Address:	Previous Statement Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	State:	Zip Code:

Section II.

PERSONAL INFORMATION			
Last/Surname:	First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		United States Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State:	Zip Code:

Section III.

MARITAL INFORMATION			
<input type="checkbox"/> No updates; skip to the next section.			
I am currently:			
<input type="checkbox"/> Married (includes separated) <input type="checkbox"/> Not married (includes single, divorced and widowed); If you are not married, leave the Spouse's information section below blank.			
SPOUSE'S INFORMATION			
Last/surname:	First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		United States Citizenship? YES <input type="checkbox"/> NO <input type="checkbox"/>
Current Address:	City:	State:	Zip Code:
Employer's Name:		Spouse's Occupation:	
Employer's Address:			
Employer's City:	Employer's State:	Employer's Telephone Number:	

Section IV

IMMEDIATE FAMILY INFORMATION				
If a family member is deceased, provide the person's name and indicate deceased. You may then omit the rest of the information requested				
CHILDREN INFORMATION				
<input type="checkbox"/> No updates; skip to the next section.				
Please provide the information requested for your adult children (age 18 or older) and their spouses, if they are married. If you have no adult children check this box <input type="checkbox"/> - N/A – and leave the section below blank.				
Child #1				
Child's Last/surname:		First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		Occupation:	
Current Address:		City:	State:	Zip Code:
Spouse's Last/surname:		First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		Occupation:	
Current Address (if different):		City:	State:	Zip Code:
Child #2				
Child's Last/surname:		First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		Occupation:	
Current Address:		City:	State:	Zip Code:
Spouse's Last/surname:		First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		Occupation:	
Current Address (if different):		City:	State:	Zip Code:
Child #3				
Child's Last/surname:		First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		Occupation:	
Current Address:		City:	State:	Zip Code:
Spouse's Last/surname:		First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		Occupation:	
Current Address (if different):		City:	State:	Zip Code:

Section V

PARENT INFORMATION				
<input type="checkbox"/> No updates; skip to the next section.				
Please provide the information requested for your parents and their spouses, if they are married. If your parents are deceased check this box <input type="checkbox"/> - N/A – and leave the section below blank.				
Father				
Father's Last/surname:		First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		Occupation:	
Current Address:		City:	State:	Zip Code:
Father's Spouse's Last/surname:		First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		Occupation:	
Current Address (if different):		City:	State:	Zip Code:
Mother				
Mother's Last/surname:		First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		Occupation:	
Current Address:		City:	State:	Zip Code:
Mother's Spouse's Last/surname:		First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		Occupation:	
Current Address (if different):		City:	State:	Zip Code:

Section VI

SIBLING INFORMATION				
<input type="checkbox"/> No updates; skip to the next section.				
Please provide the information requested for your adult siblings (age 18 or older) and their spouses, if they are married. If you have no adult siblings check this box <input type="checkbox"/> - N/A – and leave the section below blank.				
Sibling #1				
Sibling's Last/surname:		First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		Occupation:	
Current Address:		City:	State:	Zip Code:
Sibling's Spouse's Last/surname:		First:	Middle:	Suffix:
Date of Birth:	Place of Birth (City, County, State, Country):		Occupation:	
Current Address (if different):		City:	State:	Zip Code:
Sibling #2				
Sibling's Last/surname:		First:	Middle:	Suffix:

Date of Birth:	Place of Birth (City, County, State, Country):	Occupation:	
Current Address:	City:	State:	Zip Code:
Sibling's Spouse's Last/surname: First: Middle: Suffix:			
Date of Birth:	Place of Birth (City, County, State, Country):	Occupation:	
Current Address (if different):	City:	State:	Zip Code:
Sibling #3			
Sibling's Last/surname: First: Middle: Suffix:			
Date of Birth:	Place of Birth (City, County, State, Country):	Occupation:	
Current Address:	City:	State:	Zip Code:
Sibling's Spouse's Last/surname: First: Middle: Suffix:			
Date of Birth:	Place of Birth (City, County, State, Country):	Occupation:	
Current Address (if different):	City:	State:	Zip Code:

Section VII

RESIDENCES			
<input type="checkbox"/> No updates; skip to the next section.			
List all residence you have had for the last 7 years, beginning with your current residence			
Mo./Yr. – Mo./Yr. (mm/yy – mm/yy)	Street Address (including Apt. Number)	City	State

Section VIII

EMPLOYMENT HISTORY AND OFFICES HELD

No updates; skip to the next section.

List all places of employment for the last 7 years and any office held in a business, corporation or other organization for the last 7 years, beginning with current positions.

Mo./Yr. – Mo./Yr. (mm/yy – mm/yy)	Business Name	Position Title		Office Held
	Street Address	City	State	Telephone Number
1.	Business Name:	Position Title:		Office Held:
	Street Address:	City:	State:	Telephone Number:
2.	Business Name	Position Title		Office Held
	Street Address:	City:	State:	Telephone Number:
3.	Business Name:	Position Title:		Office Held:
	Street Address:	City:	State:	Telephone Number:
4.	Business Name:	Position Title:		Office Held:
	Street Address:	City:	State:	Telephone Number:
5.	Business Name:	Position Title:		Office Held:
	Street Address:	City:	State:	Telephone Number:
6.	Business Name:	Position Title:		Office Held:
	Street Address:	City:	State:	Telephone Number:
7.	Business Name:	Position Title:		Office Held:
	Street Address:	City:	State:	Telephone Number:

Initials: _____ Date: _____

Section IX

BACKGROUND INFORMATION	
<p>If you have previously disclosed information on your Personal Information Statement for this establishment, you may make reference to the previous submission and update as appropriate.</p>	
1.	<p>Are you or have you in the last 7 years been involved with any business, including any investments, other than the ownership of stock in a publicly traded company or mutual fund, which manufactured, administered, prescribed, distributed, or stored pharmaceutical products (prescription or over-the counter)?</p> <p>If yes, describe in detail the nature of the involvement. This should include, but not be limited to, the name and address of the business; a detailed description of what the business did; and a detailed description of your involvement, including any positions or offices held with the business, and the length of your involvement with the business.</p> <p>Also discuss any lawsuits in which the business was named as a party where manufacturing, administering, prescribing, distributing, or storing pharmaceutical products was at issue if you were an officer, director, owner, in management, or you were deposed or testified in any lawsuit. This should include, but not be limited to, the style (name) of the case, the jurisdiction in which the action was brought, the date the action was brought (complaint signed), a detailed summary of the allegations proven, the final judgment or order, the date in which the final judgment or order was rendered, and the current status of any disposition of the proceeding.</p>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<p>During the past 7 years, have you been the subject of any proceeding for the revocation of any license or permit in Florida or any other state?</p> <p>If yes, describe in detail the nature of the proceeding and the disposition of the proceeding. This should include, but not be limited to, the name and full address on the license or permit, the type of license or permit, the license or permit number, the agency responsible for issuing the license or permit, the style (name) of the action, the jurisdiction in which the action was brought, the date the action was brought (complaint signed), a detailed summary of the allegations proven, the final judgment or order, the date in which the final judgment or order was rendered, and the current status of any disposition of the proceeding.</p>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<p>During the past 7 years, have you been enjoined, either temporarily or permanently, by a court from violating any federal or state law regulating the possession, control or distribution of prescription drugs?</p> <p>If yes, describe in detail the nature of the proceeding and the disposition of the proceeding. This should include, but not be limited to, the style (name) of the case, the jurisdiction in which the action was brought, the date the action was brought (complaint signed), a detailed summary of the allegations proven, the final judgment or order, the date in which the final judgment or order was rendered, and the current status of any disposition of the proceeding.</p>
	<input type="checkbox"/> Yes <input type="checkbox"/> No

4.	<p>As an adult, have you been found guilty (regardless of whether adjudication of guilt was withheld), pled guilty or pled nolo contendere of any felony under a federal, state (including Florida), or local law?</p> <p><i>(Note: a criminal offense committed in another jurisdiction that would have been or would be a felony in this state must be reported and a felony in another state that is classified as a misdemeanor in Florida may be omitted.)</i></p> <p>If yes, describe in detail the nature of the criminal proceeding and its disposition. This should include, but not be limited to, the style (name) of the case; the case number; the jurisdiction in which the action was brought; the date the action was brought (complaint signed / arraigned); a detailed summary of the charges for which you were convicted; the final judgment, order or sentence; the date in which the final judgment or order was rendered; and the current status of any disposition of the proceeding.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<p>Have you, or a company for which you were an owner, officer, director, or manager, been fined or disciplined by a regulatory agency in any state (including Florida) for any offense that would constitute a violation of Chapter 499, Florida Statutes?</p> <p>If yes, describe in detail the nature of the proceeding and the disposition of the proceeding. This should include, but not be limited to, the name and full address on the license or permit, the type of license or permit, the license or permit number, the agency responsible for issuing the license or permit, the style (name) of the action, the jurisdiction in which the action was brought, the date the action was brought (complaint signed), a detailed summary of the allegations proven, the final judgment or order, the date in which the final judgment or order was rendered, and the current status of any disposition of the proceeding.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<p>Have you, or a company for which you were an owner, officer, director, or manager, had any current or previous permit or license suspended or revoked which was issued by a federal, state, or local governmental agency relating to the manufacturer or distribution of drugs or medical devices?</p> <p>If yes, describe in detail the nature of the proceeding and the disposition of the proceeding. This should include, but not be limited to, the name and full address on the license or permit, the type of license or permit, the license or permit number, the agency responsible for issuing the license or permit, the style (name) of the action, the jurisdiction in which the action was brought, the date the action was brought (complaint signed), a detailed summary of the allegations proven, the final judgment or order, the date in which the final judgment or order was rendered, and the current status of any disposition of the proceeding.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<p>Have you, or a company for which you were an owner, officer, director, or manager, been denied a permit or license related to an activity regulated under Chapter 499, Florida Statutes in any state?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>If yes, describe in detail the nature of the proceeding and the disposition of the proceeding. This should include, but not be limited to, the name and full address on the application for the license or permit, the type of license or permit for which you were applying, the agency responsible for issuing the license or permit, the style (name) of the action, the jurisdiction in which the action was brought, the date the action was brought (complaint signed), a detailed summary of the allegations for denial, the final judgment or order, the date in which the final judgment or order was rendered, and the current status of any disposition of the proceeding.</p>																									
8.	<p>Have you, or a company for which you were an owner, officer, director, or manager, ever held a permit issued under Chapter 499, Florida Statutes, in a different name than the company applicant's name for which you are submitting this personal information statement?</p> <p>If yes, provide the names in which each permit was issued and at what address.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
9.	<p>Do you currently have a pending felony arrest?</p> <p>If yes, provide details about the arrest, including but not limited to, the arrest date, the charge(s), the jurisdiction of the arrest, the case number, and next scheduled court appearance.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
10.	<p>Do you, your spouse, or any member of your immediate family have or expect to have an ownership interest of any kind in the business for which you are submitting this personal information statement?</p> <p>If yes, provide the name of the person and the extent of the ownership interest:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 10%;">%</th> <th style="width: 40%;">Name</th> <th style="width: 10%;">%</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	%	Name	%																					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	%	Name	%																							
11.	<p>Does your spouse or any member of your immediate family currently or expect to manage, control, or oversee, whether directly or indirectly, the operation of the business for which you are submitting this personal information statement?</p> <p>If yes, provide the name of the person(s):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Name											<input type="checkbox"/> Yes <input type="checkbox"/> No												
Name	Name																									

12.	<p>Please indicate how you are providing your fingerprints to the department:</p> <p><input type="checkbox"/> I am not submitting fingerprints because I previously submitted fingerprints as a condition of an initial or renewal permit after January 1, 2004.</p> <p><input type="checkbox"/> I am submitting my fingerprints electronically via an approved LiveScan Device provider.</p> <p><input type="checkbox"/> I am submitting my fingerprints via hard card obtained from the Department and submitted to FLDBPR, Florida Fingerprinting Program, Prints Inc. 119 East Park Avenue, Tallahassee, FL 32301</p>
-----	---

Section X

CURRENT PHOTOGRAPH	
1.	Sections 499.012(9)(a)9 and 499.12(9)(d)1, F.S., require the submission of a photograph taken within 180 days of the submission of the application.
2.	The photographs must be clearly recognizable with a front, full face image.
3.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 200px; height: 150px; margin-right: 20px;"></div> <div style="text-align: right;"> <p>Date of photograph ____/____/____.</p> </div> </div>

(THIS SPACE LEFT INTENTIONALLY BLANK)

Section XI

AFFIDAVIT

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. This Personal Information Statement is being submitted as part of an application for licensure or renewal of a license issued by the Department and must also be signed under oath or affirmation.

I have read all questions, answers and statements on the foregoing Personal Information Statement and attachments and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement voluntarily with the knowledge that false or inaccurate information, misrepresentation or the failure to reveal information requested may be deemed sufficient cause for denial, suspension, or revocation of a Certification of Designated Representative permit under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, for the establishment identified on page 10.

Signed Under Oath this _____ Day of _____ 20_____.

Signature

State of _____

County of _____

This personal information statement was acknowledged before me this _____ day of _____ 20_____ by

Name of Officer & Title

He/she ___ is personally know to me or ___ has produced a

_____ as identification.

Notary Public Signature

Notary Public Printed Name

ADDITIONAL INFORMATION (IF NEEDED)

ELECTRONIC FINGERPRINTING FREQUENTLY ASKED QUESTIONS

Applicants can use any Livescan vendor that has been approved by the Florida Department of Law Enforcement (FDLE) to submit their fingerprints to the Department of Business and Professional Regulation (Department). Please ensure that the Originating Agency Identification (ORI) number is provided to the vendor when you submit your fingerprints. If you do not provide an ORI number or if you provide an incorrect ORI number to the vendor, the Department will not receive your fingerprint results. The applicant is fully responsible for selecting the vendor and ensuring submission of the prints to the department.

1. How do I find a Livescan vendor in order to submit my fingerprints to the department?

The Department accepts electronic fingerprinting service offered by Livescan device vendors that are approved by the Florida Department of Law Enforcement and listed at their site. You can view the vendor options and contact information at [Livescan Device Vendors List](#).

2. What information must I provide to the Livescan vendor I choose?

- a. You must provide accurate demographic information at the time your fingerprints are taken.
- b. You must **clearly identify the profession** for which you are seeking to be licensed or select "Temporary License for Military Spouse" and submit your fingerprints payment to the vendor. Any inaccurate information that you provide could cause a delay in processing your request.
- c. You must provide the correct ORI number.

3. Where do I get the ORI number to submit to the vendor?

The Division's ORI number is: **FL 924780Z**.

4. How does the electronic fingerprinting process actually work?

In the traditional method of fingerprinting, ink is applied to each of your fingers which are then "rolled" across a fingerprint card to obtain your prints. With electronic fingerprinting, there is no ink or card. Your fingerprints are "rolled" across a glass plate and scanned. It is faster and cleaner than the traditional method. Electronic fingerprinting reduces the likelihood of illegible fingerprints and will reduce the overall application processing time.

5. How long will it take to have my fingerprints scanned?

It should only take approximately 5-10 minutes.

6. How much does electronic fingerprinting cost?

The total fee charged by each vendor varies. Please contact the vendor to obtain this information. The fingerprint results are usually received by the department two to four days after your fingerprints are scanned.

You can view the vendor options and contact information at [Livescan Device Vendors List](#).

What do I need to bring with me to the Florida electronic fingerprinting site?

All applicants will be required to bring two (2) forms of identification to the electronic fingerprinting site on the day of scheduled fingerprinting. One of the two types of identification **must** bear your picture and signature such as a driver's license, state identification card or passport. Applicants cannot be permitted to be fingerprinted without proper identification.

7. I submitted my fingerprint through an FDLE approved vendor, but I have now received a deficiency letter regarding my fingerprints? What should I do?

As of the date of the mailing of the deficiency letter, your electronic fingerprinting results have not been transmitted to the Department. We will not be able to process your application until we have received this information. You should contact your fingerprint vendor to determine if they have submitted the prints to the FDLE for processing.

Vendor contact information can be viewed at [Livescan Device Vendors List](#).

8. What should I do if I am notified by the Department that FDLE or the FBI determined my electronic fingerprints were illegible?

The electronic fingerprint scanning machines are equipped to determine if your fingerprints scanned successfully; however, if it is determined by the FBI that your prints were not legible, we will send you a notification letter asking you to go back to the same vendor that did your initial prints and schedule a re-roll of your prints. You will be required to bring the notification letter with you as information such as the TCN (Transaction Control Number) and TCR (Transaction Control Reference) must be identified and used at the time of the reroll.

9. How long are my fingerprints valid for?

The Department will retain results of the prints for 12 months from the date your digital fingerprints were electronically received by FDLE. FDLE only retain the prints for 6 months. If your prints have expired at the time your application is submitted to the Department, you will be required to submit new prints again. Applicants should submit their applications soon after submitting their fingerprints in order to afford themselves an opportunity to resolve any application deficiencies prior to the expiration of the criminal history results.

10. Can I use my recent prints to apply for another permit or license from the Department?

Per FBI regulation, your prints cannot be shared between divisions or with other agencies. You are required to have separate prints for each permit or license you are applying for, using the correct ORI.

11. What kind of assistance can the Department provide if I have problems with a Livescan vendor?

As an applicant, you have the choice to select a vendor approved by the FDLE. Since the Department does not approve or regulate Livescan vendors, you will be fully responsible for the fingerprint submission and for ensuring that the prints have been timely submitted to the FDLE. The Department retrieves the fingerprint results from FDLE through a secure web site. We suggest that you ask the vendor for a receipt showing payment date and other pertinent information in case you need to go back to them for assistance.

12. If I am living out of state, how do I submit my fingerprints without having to travel to Florida?

Go to the FDLE [Livescan Device Vendors list](#) and choose a Livescan vendor that is certified as "hard card scanning capable". These vendors have the ability to process fingerprints through additional methods, including the use of hard copy finger print cards.

13. What if I am living out of state and unable to secure my finger prints through a "hard card scanning" capable vendor?

If you are unable to obtain fingerprinting services through an FDLE approved "hard card scanning capable" vendor, please contact the Department by calling 850.717.1800 to request the alternative procedure for fingerprint processing and fingerprint card. Each fingerprint card has a specific ORI code identifying the profession. When requesting a card, please specify the profession for which you are seeking licensure.

Once the fingerprint card is received, you may then go to a local law enforcement office in your area to have your fingerprints rolled onto the card. Other information will be completed at the local law enforcement agency. The completed card must be mailed to the following address where they will be scanned:

**FLDBPR, Florida Fingerprinting Program
Prints Inc. 119 East Park Avenue
Tallahassee, FL 32301**

Prior to mailing your fingerprint card, you must complete the following steps <https://pearson.ibtfingerprint.com/> in order to register and make advance payment of \$51.75 plus Florida Sales Tax (do not send any money to Prints Inc).

14. What happens after I get my fingerprints done using a Livescan vendor?

The Livescan vendor will send your scanned fingerprint images to FDLE using the ORI number you provide to the vendor. The FDLE/FBI will process the fingerprints and provide the results to the Department, usually within three to five business days from the scan date. You do not have to do anything with your fingerprint results unless the department contacts you for additional information.

15. What happens if the fingerprint results indicate that I have a criminal history?

If you have a criminal history, your application will be reviewed by the department to ensure that your criminal history will not statutorily disqualify you from becoming permitted / licensed. Depending on the type of criminal offense(s) you might be required to provide additional information. You will be notified in writing of any required appearance before the board.