



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Licensing

**TEMPORARY CLASS "G" LICENSE
AGENCY CHARACTER CERTIFICATION**

Chapter 493, Florida Statutes

Post Office Box 6687 ♦ Tallahassee, FL 32314-6687 ♦ (850) 245-5691

Internet Address: <http://mylicensesite.com>

INSTRUCTIONS: Print or type all information. Answer all questions. Submit proper fee by money order, cashier's check or company check.

Agency Name: _____

Agency Address: _____

License #: _____ Telephone #: (_____) _____

This employee has been determined to be mentally and emotionally stable by:

- a) validated written psychological test **taken within the 12-month period immediately preceding the date the application is submitted;**
- b) evaluation by a psychologist or psychiatrist licensed in this state or by the federal government **made within the 12-month period immediately preceding the date the application is submitted;** or
- c) presentation of a DD-214 form **issued within the previous 12 month period** that establishes the absence of emotional or mental instability at the time of discharge from military service.

Please indicate below which method was used to determine that the employee is mentally and emotionally stable:

A. [] Validated written psychological test or evaluation by a psychologist or psychiatrist.

Name of psychologist, psychiatrist or representative of agency who administered test

Date of Test or Evaluation

Address of psychologist, psychiatrist or agency administering test/evaluation

B. [] Presentation of DD-214 form. Attach a copy of the DD-214 to this form.

As the authorized representative of the named agency, I hereby state that the information provided herein is true and accurate to the best of my knowledge. **THIS DOCUMENT IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION SUBJECTS THE PERSON COMPLETING THE DOCUMENT TO CRIMINAL PROSECUTION UNDER SECTION 837.06, FLORIDA STATUTES.**

Typed Name of Applicant/Employee

Applicant/Employee's Social Security Number

Typed Name of Licensed Agency Owner or Manager

Signature of Licensed Agency Owner or Manager

License Number of Manager (Class "D", "M", "MA" or "MB")

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by:

PRINT NAME OF AGENCY OWNER OR MANAGER

NOTARY SIGNATURE

PRINT, TYPE, OR STAMP NAME OF NOTARY

☐ Personally Known ☐ Produced Identification Type of Identification Produced _____

USE OF SOCIAL SECURITY NUMBERS

The submission of the applicant's or licensee's social security number is voluntary and is requested pursuant to sections 119.071(5)(a)2, 493.6105(3)(d), 493.6304(2)(a), Florida Statutes, for identification purposes, to prevent misidentification, and to facilitate the approval process.