

## INSTRUCTIONS FOR COMPLETING THE INITIAL APPLICATION FOR LICENSURE AS A TALENT AGENCY

**Application begins on page 4**

*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*

Applicants are cautioned to read questions thoroughly. Be certain that all questions are answered truthfully and that all requested information is furnished.

In addition to the **TA-4801** Initial Application for Licensure, please return all of the following:

1. The **\$747.25 fee** (\$547.25 fee after May 31 of every odd numbered year) must be submitted with your application and original bond form (\$300 is the application fee, \$400 is the initial licensure fee, \$42.25 is for each fingerprint/background check fee and \$5 is the unlicensed activity fee. Please note that after May 31 of every odd numbered year, the initial licensure fee is reduced to \$200). **The \$300 application fee is non-refundable.** Applications cannot be processed without the required fee. The license number cannot be issued without the original bond. Please read the enclosed instructions regarding the surety bond.
2. **Proof of ownership** - If your business is incorporated, please submit a copy of the Articles of Incorporation. If a fictitious business name is utilized, please submit a copy of the fictitious business name registration.
3. Provide **five (5) moral character affidavits or if a corporation, affidavits that state that the corporation has a reputation for fair dealings.** Affidavits cannot be accepted from a family member or an artist as defined in Chapter 468, Part VII, Florida Statutes. Please use the forms provided in this packet and duplicate as necessary.
4. Provide an **itemized schedule of maximum fees, charges and commissions.** A "registration" fee is NOT allowed. Also, provide a schedule of regular operating hours and permanent office address.
5. Provide **one (1) fingerprint card for each owner and operator, unless the owner and operator are the same person.** You must use only the fingerprint cards provided and must complete all the personal data requested on the cards. Failure to complete the information requested on the fingerprint card will cause a delay in the processing of your application. **YOUR FINGERPRINTS SHOULD BE TAKEN AT THE NEAREST POLICE STATION.**
6. **\$5,000 Surety Bond.** Please provide the enclosed surety bond form to a reputable company engaged in the bonding business and authorized to do business in this state, then forward the completed bond to this office with your application. It would be to your advantage to inquire as to the qualifications for issuance of your surety bond. You may contact your local insurance agency or bonding company to obtain information about applying for the bond. Please be aware that:
  - You **cannot** be issued a talent agency license until you submit the \$5,000 surety bond required under Chapter 468, Part VII, Florida Statutes.
  - Section 120.60, Florida Statutes, sets restrictions on the amount of time permitted for approval or denial of all licensure applications.
7. **Provide proof, in the form of a notarized statement or other notarized documents, that the operator has employment history that consists of at least one (1) year** of direct or similar experience in the talent agency or similar business. Pursuant to Rule 61-19.002(3), Florida Administrative Code: "Similar experience means direct experience as a subagent, casting director, producer, director, advertising agent, talent coordinator, or musical booking agent, or having been employed in an occupation that is primarily oriented toward placing, or attempting to place, others into employment circumstances."

**IMPORTANT NOTICE TO POTENTIAL APPLICANTS FOR TALENT AGENCY LICENSURE**

**PLEASE DO NOT CALL TO CHECK ON THE STATUS OF YOUR TALENT AGENCY APPLICATION UNTIL AT LEAST 60 DAYS AFTER YOU MAILED YOUR APPLICATION.**

The \$300 application fee is not refundable, therefore, you may wish to determine whether you will meet all requirements for licensure as a talent agency **before** submitting your application.

**DO NOT** begin to operate your talent agency until you receive your license. **You may begin operation only after you have received WRITTEN approval from the Department.**

**ATTENTION:** If you are currently engaged in the operation of an unlicensed talent agency, you must cease operation immediately and send a notarized statement with your application attesting to the fact that you have discontinued operation as a talent agency until such time as you receive your license to operate. Failure to discontinue operation while your application is in process may result in license denial, penalty assessment, and/or criminal penalty pursuant to sections 468.413 and 455.228, Florida Statutes. Section 455.228(1), Florida Statutes, authorizes the Department of Business and Professional Regulation to “impose an administrative penalty not to exceed \$5,000 per incident” for unlicensed practice as a talent agency. Section 468.413, Florida Statutes, states that operating without a license constitutes a felony of the third degree, punishable by up to five years in prison and a fine of up to \$5,000. In addition to the remedy deemed appropriate by the court, the department may assess a penalty against the talent agency or any person in an amount not to exceed \$1,000.

**Advertising or listing of talent agencies in telephone directories must include the license number under which the agency is licensed by the state of Florida. Failure to include the license number in advertising of any kind, including yellow page telephone directory advertising, will subject the licensee to any one or more of the following penalties under section 468.402(5), Florida Statutes: fine, probation, suspension or revocation of talent agency license in Florida.**

**APPLICATION CHECKLIST:**

TRANSACTION	APPLICATION REQUIREMENTS
Initial Licensure	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$747.25 fee if applying ON or BEFORE May 31 of an ODD year;</li> <li>OR</li> <li><input type="checkbox"/> Pay \$547.25 fee if applying ON or AFTER June 1 of an ODD year</li> <li><input type="checkbox"/> Make check payable to the Department of Business and Professional Regulation</li> <li><input type="checkbox"/> Complete DBPR 0010 – Master Individual Application (information in this application must be completed for owners and operators)</li> <li><input type="checkbox"/> Complete DBPR 0050-1 – Explanatory Information for Background Questions (if applicable)</li> <li><input type="checkbox"/> Complete DBPR 0060-1 – General Explanatory Description (if applicable)</li> <li><input type="checkbox"/> Complete DBPR 0020-1 – Master Organization Application (information in this application must be completed for the talent agency business entity)</li> <li><input type="checkbox"/> Complete DBPR TA-4801– Application for Licensure as a Talent Agency</li> <li><input type="checkbox"/> Complete DBPR TA-4805 – Bond Application</li> <li><input type="checkbox"/> Submit five (5) moral character affidavits for each owner (use DBPR TA-4806 – Moral Character Affidavit)</li> <li><input type="checkbox"/> Submit DBPR TA-4803 - Work Experience Form for each operator</li> <li><input type="checkbox"/> Submit itemized schedule of maximum fees</li> <li><input type="checkbox"/> Submit one fingerprint card per for each owner and operator</li> <li><input type="checkbox"/> Submit Articles of Incorporation/Fictitious Name Registration</li> <li><input type="checkbox"/> Submit criminal history documentation (if applicable)</li> <li><input type="checkbox"/> Submit schedule of regular hours of operation</li> </ul>

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

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

[www.myfloridalicense.com](http://www.myfloridalicense.com)

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

PERSONAL INFORMATION				
Social Security Number*				
Last Name		First	Middle	Title Suffix
Birth Date (MM/DD/YYYY) / /		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Spanish, Hispanic or Latino <input type="checkbox"/> Other				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
BUSINESS LOCATION ADDRESS				
Business/Firm Name				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. 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.

PRIOR LICENSE INFORMATION				
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:				
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		

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any 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 943.058, 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 WILL 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.
2.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

PRIOR NAME INFORMATION				
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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

**ATTEST STATEMENT**

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

DBPR 0050-1 – Explanatory Information for Background Questions



STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND  
 PROFESSIONAL REGULATION  
 NOTE – This form must be submitted as part of an  
 application packet

PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form 0010 this explanation pertains to:				

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

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

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

Attach additional sheets as necessary





STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

ORGANIZATION INFORMATION		
Federal Employer ID Number/Social Security Number*		
Organization/Applicant Name		
Doing Business As (D/B/A) Name		
Ownership: Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture Agreement <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Estate <input type="checkbox"/> Professional Association <input type="checkbox"/> Other <input type="checkbox"/>		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
Contact Name		
Primary Phone Number	Primary E-Mail Address	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

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**DBPR TA- 4801 - Application for Licensure as a Talent Agency**



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL  
REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399-0783**

**NOTE – This form must be submitted as part of an  
application packet**

*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.*

**APPLICANT INFORMATION**

Talent Agency Name

**REQUIRED TALENT AGENCY INFORMATION**

**Please check the appropriate box for each of the following questions.**

**1. HAVE YOU:**

(a) Ever been refused a license, registration or certification as a talent agency or renewal thereof in any state?  Yes  No

(b) Ever had a talent agency license, registration or certification revoked, suspended, or otherwise acted against including probation, fine, or reprimand in a disciplinary proceeding in any state?  Yes  No

(c) Ever been involved in or owned an interest in a talent agency company that has been adjudicated bankrupt, filed proceedings under the Bankruptcy Act, or otherwise closed due to insolvency?  Yes  No

**2.** Is any talent agency license, registration or certification under investigation or pending disciplinary action in any state?  Yes  No

**3.** Has the agency, any person, or any owner of the talent agency ever been convicted or found guilty, regardless of adjudication of a crime in any jurisdiction, or have you ever been a defendant in a military court martial? (Do not include parking or speeding violations.)  Yes  No

**NOTE: If 1a, 1b, 1c, 2 or 3 above are answered YES, please complete and attach to this application the DBPR 0060-1 General Explanatory Description form, including the date, jurisdiction (state and county), offense, disposition, and all other relevant information details such as the state(s), license number(s), dates and relevant circumstances.**

REQUIRED OWNER INFORMATION		
Name of Owner or Legal Agent	Social Security Number*	
Address of Owner or Legal Agent		
City	State	Zip Code (+4 optional)
County (if Florida address)		

Business Owned By:  Single Owner    Partnership    Corporation

Please print below the name, residence addresses, titles, and telephone numbers of all persons, other than bona fide salaried employees, who are financially interested in the operation of the talent agency as partners, associates, profit sharers or all persons exercising managing responsibilities and the amount of such interest.

Name & Address	Social Security Number*	Title	Percent of Ownership	Phone Number

\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal Statute. In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Section 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.

**REQUIRED OPERATOR INFORMATION**

Name of Operator		Social Security Number*	
Address of Operator			
City		State	Zip Code (+4 optional)
County (if Florida address)			

Attach the DBPR TA-4803 Work Experience Form to list the employment history, including specific dates as evidence for experience that constitutes at least one (1) year of direct experience or similar experience in the talent agency business or as a subagent, casting director, producer, director, advertising agency, talent coordinator, or musical booking agent, or having been in an occupation that is primarily oriented toward placing, or attempting to place, others into employment circumstances.

\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal Statute. In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Section 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.

**SIGNATURES**

The signature below affirms that the information in this application has been provided completely and truthfully to the best of the applicant's knowledge.

Operator's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND  
 PROFESSIONAL REGULATION  
 1940 North Monroe Street  
 Tallahassee, FL 32399-0783

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TALENT AGENCY BOND	
To be filed with the Department of Business and Professional Regulation, State of Florida. KNOW ALL PERSONS BY THESE PRESENT, that we _____ (Principal - Name of Talent Agency) a/an _____ (Individual, Partnership or Corporation), with a business located at _____	
are held and firmly bound unto the State of Florida, Department of Business and Professional Regulation, in the penal sum of FIVE THOUSAND DOLLARS (\$5,000), to the payment whereof we bind ourselves, our heirs, executors, administrators and assigns, firmly by these presents.	
WHEREAS, the above bound Principal, having applied to the Department of Business and Professional Regulation for a license to operate as a talent agency in accordance with the laws of the State of Florida, and	
WHEREAS, a license is required to engage in business as a talent agency:	
It is a condition of this bond that the said Principal is to comply with all the laws and regulations governing the acts of talent agencies in Florida and a further condition of this obligation is that the Principal and Surety to this bond shall be subject to suit by action thereon by any person who shall sustain actionable injuries or loss or damage, including reasonable costs and attorney's fees, by the conduct on the part of the Principal, and it shall be for the purpose of indemnifying any person injured or damaged or who may suffer loss, due to any wrongful act of the Principal, his agents, or employees.	
Regardless of the number of years this bond remains in force or the number of premiums paid, and regardless of the number or amount of claims or claimants, in no event shall the aggregate liability of the surety under this bond exceed the penal sum of the bond.	
The inception date of this bond <b>begins</b> on _____, 20_____, and this bond <b>continues in effect until May 31 of the next even numbered year</b> to coincide with Chapter 61-19.004, F.A.C., which states, "No license shall be issued, renewed, or reinstated until applicant files a \$5,000 surety bond with the Department expiring on May 31 of each even year."	
The Surety may, at any time, cancel or not renew this bond by giving thirty (30) days written notice by registered mail to the Secretary of the Department of Business and Professional Regulation. The Surety shall, however, remain liable for any defaults under this bond committed prior to the expiration of such thirty (30) day period.	
Signed, sealed and dated this _____ day of _____, 20_____.	
<b>Witness:</b>  _____ Witness to Principal's Signature	<b>Principal:</b>  _____ Name of Talent Agency  By _____ (Signature must agree with owner's signature on application)
Countersigned  By _____ Agent of Surety Company	_____ Surety Company  By _____ Attorney-in-fact (Signature)
<b>Information Needed from the Insuring Agency (Please Type)</b>	
Name of Agency: _____	
Address: _____	
FEID #: _____	
Telephone Number: _____	
Bond Number Assigned: _____	



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783

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AFFIDAVIT
STATE OF FLORIDA
COUNTY OF
Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared
\_\_\_\_\_, who is not an artist as defined in Chapter 468.401(8), Florida
Statutes, who, being duly sworn, deposes and says, that (he/she) has known
\_\_\_\_\_, applicant for a license to do business as a talent agency in
\_\_\_\_\_ in the State of Florida, for at least three (3) years; and, that said
(Municipality or County)
applicant is a person of good moral character or, in the case of the applicant being a corporation, that said
corporation has a reputation for fair dealing.
Signature
Address
Occupation
STATE OF FLORIDA
COUNTY OF \_\_\_\_\_
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,
20\_\_\_\_, by \_\_\_\_\_(name of person acknowledged), who is personally
known to me or who has produced \_\_\_\_\_(type of identification) and who did/did not
take an oath.
Notary Public
My commission expires: \_\_\_\_\_ (SEAL)

**DBPR TA-4803 – Work Experience Form**



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS  
AND PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399-0783**

*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.*

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix

CURRENT OR FORMER EMPLOYMENT VERIFICATION (DUPLICATE FORM AS NECESSARY)		
Employing Agency/Company Name:		
Agency/Company Phone Number (      )		
Agency/Company Address:		
City:	State:	Zip:
Date Employed: From:		To:
Supervisor of Applicant:		
Position of Applicant: Give a "detailed description" of the applicant's duties, including any hands-on supervisory responsibilities:		
I attest that the information provided is true and accurate.		
Name and Title of Person Verifying Employment (please print or type)		Date
Signature		