

**CRIMINAL SELF-REPORTING DOCUMENT**  
 Department of Business and Professional Regulation (DBPR)

**Note:** Effective October 1, 2009, Section 455.227(1)(t), Florida Statutes, a licensee must report to the board within 30 days after a licensee is convicted or found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, regardless of adjudication, a crime in any jurisdiction. A licensee must report a conviction, finding of guilt, plea, or adjudication entered before October 1, 2009, by November 1, 2009. *If you previously reported a criminal conviction or plea to DBPR, you do not need to report it again.*

|   |  |   |                  |           |
|---|--|---|------------------|-----------|
| 1. Last Name (Surname), First Name, Middle Name |  |   | 2. Date of Birth |           |
| 3. Address                                      |  | 4. City   |                  | 5. State  |
|   |  |   |                  | 6. Zip    |
| 7. Telephone (Home)                             |  | 8. Telephone (Cell)   |                  | 9. E-mail |
| 10. Profession(s) – list all DBPR licenses:     |  | 11. Professional license number(s) – list all DBPR license numbers: |                  |           |
| a.  |  | a.  |                  |           |
| b.  |  | b.  |                  |           |
| c.  |  | c.  |                  |           |

|  |   |
|--|---|
| 12. Have you pled guilty or nolo contendere (no contest) to <u>any</u> crime in <u>any</u> jurisdiction?<br>Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Have you been convicted or found guilty in any jurisdiction, regardless of adjudication, of <u>any</u> crime in <u>any</u> jurisdiction? Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

14. For each crime to which you pled guilty or nolo contendere (no contest), or for which you were convicted or found guilty in any jurisdiction, regardless of adjudication, please state the following:

|                                |
|--------------------------------|
| a. Name of court:              |
| b. Address of court:           |
| c. Case number:                |
| d. Date of plea or conviction: |
| e. Name of crime:              |
|                                |
| a. Name of court:              |
| b. Address of court:           |
| c. Case number:                |
| d. Date of plea or conviction: |
| e. Name of crime:              |
|                                |
| a. Name of court:              |
| b. Address of court:           |
| c. Case number:                |
| d. Date of plea or conviction: |
| e. Name of crime:              |

Note: If you have more than three convictions to report, please attach an additional sheet including the above information.

|       |                        |
|-------|------------------------|
| Date: | Signature of Licensee: |
|-------|------------------------|

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| <b>Mailing Address: CPA</b><br>Division of Certified Public Accounting<br>240 NW 76 <sup>th</sup> Dr, Suite A<br>Gainesville, FL 32607 | <b>Mailing Address: Real Estate</b><br>Division of Real Estate<br>400 W. Robinson St., N801<br>Orlando, FL 32801 | <b>Mailing Address: All Others</b><br>Division of Regulation<br>1940 N. Monroe St.<br>Tallahassee, FL 32399-2212 |
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