

**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	

*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.