



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
 www.myfloridalicense.com

TO BE COMPLETED BY PARI-MUTUEL LICENSEES ONLY
Applicant's Name
License Number
Expiration Date of Current PMW License

Please note: This form may only be used by individuals holding a current PMW license (other than a 90-Day Temporary License) issued by this division. If your license has expired, please complete a new application.

<input type="checkbox"/> CHECK THIS BOX TO UPGRADE A 1021 – PROFESSIONAL INDIVIDUAL LICENSE	
Upgrade from a <input type="checkbox"/> 3-year license	to a <input type="checkbox"/> 3-year Professional/Combo License (No Fee)
<input type="checkbox"/> CHECK THIS BOX TO UPGRADE A 1022 – GENERAL INDIVIDUAL LICENSE	
Upgrade from a <input type="checkbox"/> 3-year license	to a <input type="checkbox"/> 3-year General/Combo License (No Fee) <input type="checkbox"/> 3-year Professional License (\$65 Fee) <input type="checkbox"/> 3-year Professional/Combo License (\$65 Fee)
<input type="checkbox"/> CHECK THIS BOX TO UPGRADE A 1032 – GENERAL/COMBO LICENSE	
Upgrade from a <input type="checkbox"/> 3-year license	to a <input type="checkbox"/> 3-year Professional/Combo License (\$65 Fee)

ALL APPLICANTS PLEASE READ AND SIGN BELOW				
<p>Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal Statute. In this instance, disclosure of Social Security numbers is mandatory pursuant to Title 42, United States Code, Sections 653, 654; and Sections 409.2577, 409.2598, and 559.79, 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 occupational license applications and are used for licensee identification purposes pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317.</p> <p>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.</p> <p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. 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 that falsification of any information on this application may result in administrative action, including fines up to \$1,000, denial, suspension or revocation of the license. I agree to abide by and obey all rules and regulations of the Division of Pari-Mutuel Wagering and the laws of the State of Florida, pursuant to Section 550.105, Florida Statutes.</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">_____</td> <td style="width: 40%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Signature of Applicant</td> <td style="border: none;">Date</td> </tr> </table>	_____	_____	Signature of Applicant	Date
_____	_____			
Signature of Applicant	Date			

FOR DIVISION USE ONLY
License Code _____ License # _____ File # _____ License Year _____
Association Code _____ Date Received _____ Entered By _____
License Fee _____ FP Date _____ FP Fee _____ Total Fee _____