



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

PERSONAL INFORMATION

Social Security Number/Federal Employer ID Number: _____

IF INDIVIDUAL APPLICANT, PLEASE COMPLETE THE FOLLOWING SECTION

Last Name: _____ First: _____ Middle: _____ Title: _____ Suffix: _____

Birth Date: (MM/DD/YYYY) _____

Name of Employer: _____

IF BUSINESS APPLICANT, PLEASE COMPLETE THE FOLLOWING SECTION

Representative's Name: Last: _____ First: _____ Middle: _____ Title: _____ Suffix: _____

Business Entity Name: _____

Official Capacity: _____

ALL APPLICANTS PLEASE READ AND SIGN BELOW

I, _____, do hereby instruct all law enforcement of criminal justice agencies to
 (name of applicant/representative)

release all requested information to the bearer of this release form, who is an authorized representative of the State of Florida, Department of Business and Professional Regulation or the Florida Department of Law Enforcement.

I, _____, do hereby instruct all law enforcement, gaming commissions, tribal
 (name of applicant/representative)

gaming regulatory agencies and/or commissions, state agencies and/or commissions responsible for gaming regulation or criminal justice agencies to release all requested information to the bearer of this release form, who is an authorized representative of the State of Florida, Department of Business and Professional Regulation or the Florida Department of Law Enforcement.

I further authorize any financial or public institution to release any and all information requested by the bearer of this release form with respect to myself or my business. Additionally, I do release such individuals or entities from any and all liability due to the release of information requested. Further, I understand that under Florida Statute, any information released that is not specifically exempted shall become part of the public record, releasable upon request to the public pursuant to Chapter 119, Florida Statutes.

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.

 (if individual applicant - legal name and any nickname or alias in parentheses)

Applicant/Representative Signature: _____ Date: _____