

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FARM LABOR REGISTRATION AND TESTING**

**ADDENDUM TO APPLICATION FOR A FARM LABOR CONTRACTOR
CERTIFICATE OF REGISTRATION**

Check only one of the following requests:

- \$35.00 Application for Examination Only
 \$125.00 Application for Registration Only
 \$160.00 Application for Examination and Registration

Payment must be in the form of a money order/certified check payable to DBPR - Farm Labor

You can apply as an Individual or a Company, but not both:

Individual Name: _____ **SSN:** _____

Company Name: _____ **FEIN:** _____

Email: _____ **Phone:** _____

Registered Agent Information (You must provide the name and contact information of someone other than yourself):

_____ (Name) _____ (Phone)

_____ (Address) _____ (City) _____ (State) _____ (Zip)

I certify that the above referenced individual has been informed and agrees to act as my agent to receive service of process and other official or legal documents as outlined in 450.31(1)(e), Florida Statutes. I understand that this agent must be available to accept service during regular business hours, Monday through Friday.

_____ (Signature of Applicant) _____ (Date)

REQUEST FOR EXAMINATION

(CHECK ONLY ONE)

LANGUAGE	WRITTEN	ORAL
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH	<input type="checkbox"/>	<input type="checkbox"/>
HAITIAN/CREOLE	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if you require special accommodations due to disability or religion: Yes No

If Yes, please explain: _____