



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Licensing

**TEMPORARY CLASS "G" LICENSE  
AGENCY CHARACTER CERTIFICATION**

Chapter 493, Florida Statutes

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691 Internet  
Address: <http://mylicensesite.com>

**INSTRUCTIONS:** Print or type all information. Answer all questions. Submit proper fee by money order, cashier's check or company check.

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

License #: \_\_\_\_\_ Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_

This employee has been determined to be mentally and emotionally stable by:

- a) validated written psychological test **taken within the 12-month period immediately preceding the date the application is submitted;**
- b) evaluation by a psychologist or psychiatrist licensed in this state or by the federal government **made within the 12-month period immediately preceding the date the application is submitted;** or
- c) presentation of a DD-214 form **issued within the previous 12 month period** that establishes the absence of emotional or mental instability at the time of discharge from military service.

**Please indicate below which method was used to determine that the employee is mentally and emotionally stable:**

A. [ ] Validated written psychological test or evaluation by a psychologist or psychiatrist.

\_\_\_\_\_  
Name of psychologist, psychiatrist or representative of agency who administered test

\_\_\_\_\_  
Date of Test or Evaluation

\_\_\_\_\_  
Address of psychologist, psychiatrist or agency administering test/evaluation

B. [ ] Presentation of DD-214 form. Attach a copy of the DD-214 to this form.

As the authorized representative of the named agency, I hereby state that the information provided herein is true and accurate to the best of my knowledge. **THIS DOCUMENT IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION SUBJECTS THE PERSON COMPLETING THE DOCUMENT TO CRIMINAL PROSECUTION UNDER SECTION 837.06, FLORIDA STATUTES.**

\_\_\_\_\_  
Typed Name of Applicant/Employee

\_\_\_\_\_  
Applicant/Employee's Social Security Number

\_\_\_\_\_  
Typed Name of Licensed Agency Owner or Manager

\_\_\_\_\_  
Signature of Licensed Agency Owner or Manager

\_\_\_\_\_  
License Number of Manager (Class "D", "M", "MA" or "MB")

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by:

\_\_\_\_\_  
PRINT NAME OF AGENCY OWNER OR MANAGER

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
PRINT, TYPE, OR STAMP NAME OF NOTARY

☐ Personally Known ☐ Produced Identification Type of Identification Produced \_\_\_\_\_

**USE OF SOCIAL SECURITY NUMBERS**

The submission of the applicant's or licensee's social security number is voluntary and is requested pursuant to sections 119.071(5)(a)2, 493.6105(3)(d), 493.6304(2)(a), Florida Statutes, for identification purposes, to prevent misidentification, and to facilitate the approval process.