



**DEPARTMENT OF FINANCIAL SERVICES**  
 Division of Funeral, Cemetery & Consumer Services  
 200 East Gaines Street  
 Tallahassee, FL 32399- 0361

## OTHER LICENSES FORM

This form is used in conjunction with various main license application forms to provide details concerning other licenses now or previously held.

Section 1. IDENTIFYING INFORMATION				
<b>First name:</b>	<b>MI:</b>	<b>Last Name:</b>		
<b>Or Establishment Name:</b>				
<b>Email Address:</b>		<b>Birth Date (mm/dd/yyyy):</b> /     /		
Section 2. OTHER LICENSES				
<i>General Instructions:</i> "Type of License" – example, "funeral director." Dates -- if you do not know the exact date, enter month and year. "State where issued" – if issued in a foreign country, enter name of country. Name of Licensing authority – example, "Utah Embalmer's Board." Address of licensing authority – provide current full mailing address with zip code.				
#1 Type of License:	State where issued:	License number:	Date issued:	Currently in force? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, date terminated: /     /
Name of licensing authority: Address of licensing authority:				
#2 Type of License:	State where issued:	License number:	Date issued:	Currently in force? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, date terminated: /     /
Name of licensing authority: Address of licensing authority:				
#3 Type of License:	State where issued:	License number:	Date issued:	Currently in force? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, date terminated: /     /
Name of licensing authority: Address of licensing authority:				
Do you have other licenses or registrations to report? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, enter them on another copy of this form and attach to your application.				
_____ <b>Signature of Applicant</b>			_____ <b>Date signed</b>	

**Enter FEIN or Social Security Number:**

**Purpose and Use:**

*The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. Social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. The social security number may also be used for any other purpose required or authorized by federal or Florida Law.*