



DEPARTMENT OF FINANCIAL SERVICES
 Division of Insurance Agent and Agency Services – Bureau of Licensing
 200 East Gaines Street, Larson Building, Room 419
 Tallahassee, FL 32399-0319

MEDIATOR APPLICATION

License Type and Class 00-56

(Please Type)

Last Name			
First Name		Middle Initial	
Social Security Number			
Date of Birth		Sex	
Place of Birth		State	

Home Street Address		Apt. #	
Home City			
State			
Home Zip Code			

Business Street Address		Bldg #	
Business City			
State			
Business Zip Code			

Mailing Street Address		Bldg #	
Mailing City			
State			
Mailing Zip Code			

Home Telephone Number			
Work Telephone Number			
Email Address			
I affirm that I understand I must maintain a valid email address on file with the Department.			Yes / No

Current employment:

Beginning Date	
Name of Employer	
Street Address	
City	
State	
Zip Code	

Are you currently affiliated with any mediation services?	Yes / No
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If YES, list the name, location, and position held with each mediation panel or provider:

Name	Address, City, State	Position

Indicate each county in which you will conduct mediation for the standard mediation fee for this program, with no additional charges for costs or expenses:

<input type="checkbox"/>	01	Dade
<input type="checkbox"/>	02	Duval
<input type="checkbox"/>	03	Hillsborough
<input type="checkbox"/>	04	Pinellas
<input type="checkbox"/>	05	Polk
<input type="checkbox"/>	06	Palm Beach
<input type="checkbox"/>	07	Orange
<input type="checkbox"/>	08	Volusia
<input type="checkbox"/>	09	Escambia
<input type="checkbox"/>	10	Broward
<input type="checkbox"/>	11	Alachua
<input type="checkbox"/>	12	Lake
<input type="checkbox"/>	13	Leon
<input type="checkbox"/>	14	Marion
<input type="checkbox"/>	15	Manatee
<input type="checkbox"/>	16	Sarasota
<input type="checkbox"/>	17	Seminole
<input type="checkbox"/>	18	Lee
<input type="checkbox"/>	19	Brevard
<input type="checkbox"/>	20	St. Johns
<input type="checkbox"/>	21	Gadsden
<input type="checkbox"/>	22	Putnam
<input type="checkbox"/>	23	Bay
<input type="checkbox"/>	24	St. Lucie
<input type="checkbox"/>	25	Jackson
<input type="checkbox"/>	26	Osceola
<input type="checkbox"/>	27	Highlands
<input type="checkbox"/>	28	Pasco
<input type="checkbox"/>	29	Columbia
<input type="checkbox"/>	30	Hardee
<input type="checkbox"/>	31	Suwannee
<input type="checkbox"/>	32	Indian River
<input type="checkbox"/>	33	Santa Rosa
<input type="checkbox"/>	34	De Soto
<input type="checkbox"/>	35	Madison
<input type="checkbox"/>	36	Walton
<input type="checkbox"/>	37	Taylor
<input type="checkbox"/>	38	Monroe
<input type="checkbox"/>	39	Levy
<input type="checkbox"/>	40	Hernando
<input type="checkbox"/>	41	Nassau
<input type="checkbox"/>	42	Martin
<input type="checkbox"/>	43	Okaloosa
<input type="checkbox"/>	44	Sumter
<input type="checkbox"/>	45	Bradford
<input type="checkbox"/>	46	Jefferson
<input type="checkbox"/>	47	Citrus
<input type="checkbox"/>	48	Clay
<input type="checkbox"/>	49	Hendry
<input type="checkbox"/>	50	Washington
<input type="checkbox"/>	51	Holms
<input type="checkbox"/>	52	Baker
<input type="checkbox"/>	53	Charlotte
<input type="checkbox"/>	54	Dixie
<input type="checkbox"/>	55	Gilchrist
<input type="checkbox"/>	56	Hamilton
<input type="checkbox"/>	57	Okeechobee
<input type="checkbox"/>	58	Calhoun
<input type="checkbox"/>	59	Franklin
<input type="checkbox"/>	60	Glades
<input type="checkbox"/>	61	Flagler
<input type="checkbox"/>	62	Lafayette
<input type="checkbox"/>	63	Union
<input type="checkbox"/>	64	Collier
<input type="checkbox"/>	65	Wakulla
<input type="checkbox"/>	66	Gulf
<input type="checkbox"/>	67	Liberty
<input type="checkbox"/>	STATEWIDE	

BACKGROUND QUESTIONS

If you have EVER entered a plea of guilty, nolo contendere (no contest), or been convicted or found guilty of a felony crime, you are required to give a "Yes" answer, whether or not adjudication of guilt was withheld. If you have been so convicted or have entered one of the pleas above and fail to provide a "Yes" answer, your application may be denied. If you are unsure about how to answer questions regarding your criminal history, you should consult an attorney or review your court records prior to answering.

If you have additional questions, please contact the Bureau of Licensing at 850-413-3137.

Are you currently on probation for any legal action or participating in a pretrial intervention program or any other diversion program?	Yes / No
Are there currently pending against you or any entity you control, any criminal, administrative (including those by the Financial Industry Regulatory Authority ("FINRA")) or civil charges in any state or federal court anywhere in the United States or its possessions or any other country?	Yes / No

In the past 12 months, have you been arrested, indicted, or had an Information filed against you or been otherwise charged with a crime by any law enforcement authority anywhere in the United States or its possessions or any other country?	Yes / No
Have you ever been convicted, found guilty, or pled guilty or nolo contendere (no contest) to a felony under the laws of any municipality, county, state, territory or country, whether or not adjudication was withheld or a judgment of conviction was entered?	Yes / No
Have you ever been refused a securities, real estate broker, or other license by a state agency or a public authority in any jurisdiction?	Yes / No
Have you ever had an application for a license declined or denied by this or any other insurance regulatory body (including FINRA)?	Yes / No
Have you ever been named in an administrative proceeding/action by any state agency or public authority or any other regulatory authority (including FINRA)? (This would include fines, probation, restitution, restricted or probationary licenses, cease and desist orders, suspension, revocation, or denial.)	Yes / No
Are you currently indebted to any insurer, managing general agent, agent, or premium finance company?	Yes / No
Have you failed to comply with any civil, criminal, or administrative action taken by a child support enforcement program under Title IV-D of the Social Security Act, 42 U.S.C. ss. 651 et seq., to determine paternity or to establish, modify, enforce, or collect support?	Yes / No
Have you ever been subject to any civil, criminal, or administrative action for a violation of any provision of the Florida Insurance Code, or of a lawful order or rule of the Department, violation of the Florida Rules for Certified and Court-Appointed Mediators, or aiding, instructing, or encouraging another party in committing such a violation?	Yes / No

REQUIREMENTS FOR QUALIFYING

Do you possess an active certification as a Florida Supreme Court certified circuit court mediator? <i>Note: A Florida Supreme Court certified circuit court mediator in a lapsed, suspended, sanctioned, or decertified status is not eligible to participate in the mediation program. Certification as a County, Family, or Dependency mediator type does not qualify.</i>	Yes / No
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I DO SOLEMNLY SWEAR THAT ALL ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT I UNDERSTAND THE LAWS OF FLORIDA AND THE RULES PROMULGATED BY THE CHIEF FINANCIAL OFFICER REGULATING THE MEDIATION OF CLAIMS PURSUANT TO SECTIONS 627.745 AND 627.7015, F.S.

WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS/HER OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING MEDIATOR APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant

Date

Privacy Statement

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is voluntary and imperative for the performance of the agency's duties and responsibilities under § 119.071(5)(a)2.a.(II), § 627.745 and § 627.7015, F.S.

The purposes for the requested information are to verify the identity and qualifications of an applicant, to conduct criminal and disciplinary history background checks, and to determine if the applicant lacks the fitness or trustworthiness to act as a mediator. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purposes provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by § 119.071(5)(a)3., F.S.