

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



ADAM H. PUTNAM  
COMMISSIONER

**COMMERCIAL TELEPHONE SALESPERSON  
INDIVIDUAL LICENSE APPLICATION**

Section 501.607, Florida Statutes  
Rule 5J-6.005, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800 *Calling Outside Florida*  
[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com) • (850) 410-3804 *Fax*

Submit and Pay Online at:  
[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com)

- or -

Check or Money Order payable  
to FDACS and remit with  
application to:

FDACS  
PO Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Please type or print. Attach additional pages as necessary using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question.

Please Select one:  New Filing  Renewal TP \_\_\_\_\_ DTN \_\_\_\_\_  
*(as issued by the department and listed on the preprinted renewal application)*

1. Annual Registration Fee: **\$50.00**, (Section 501.607(2)(b), Florida Statutes.) Payment can be made online or by submitting check or money order payable to FDACS. All fees are non-refundable.

**APPLICANT INFORMATION** [s.501.607(1)(a), F.S.]

2. Legal (True) Name:

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License or Government Issued ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Street Address (if applicable please include suite, apartment and/or unit numbers): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EMPLOYER INFORMATION**

3. Employer's Legal Name (If employer is not an individual, state the legal name of the entity as filed with the Florida Department of State):

License Number, Issued by the Department: TC- \_\_\_\_\_

Physical Street Address (if applicable please include suite, apartment and/or unit numbers): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you intend to act as a salesperson for more than one company, please provide us with the additional employer information on a separate page and attach it to this application. You must include a Statement of Verification (located on page 4) for each commercial telephone seller with which you intend to affiliate.

Org. Code: 42 10 06 25 000	
EO: A2	
Object Code: 002051	\$50.00

**4. Do you have previous experience as a commercial telephone seller or salesperson?**

**Yes**  **No** If yes, previous experience (in months) as a commercial telephone seller or salesperson: \_\_\_\_\_

**CRIMINAL AND LITIGATION HISTORY**

**5.** Please select either **YES** or **NO** to the questions below. If you answered yes to any of the following, please explain your answer on "Exhibit A" located on the following page (make additional copies as needed).

- a. Have you, regardless of adjudication, previously been arrested for, convicted or found guilty of, or entered a plea of guilty or nolo contendere to, any felony crime within the last seven (7) years that involves racketeering or any offense involving robbery, carjacking, attempted carjacking, home invasion, or misappropriation of moneys by commissioners to make sales? *[Subsection 5J-6.014(4), F.A.C.]*  **Yes**  **No**
  
- b. Have you, regardless of adjudication, previously been arrested for, convicted or found guilty of, or entered a plea of guilty or a plea of nolo contendere to, any felony crime within the last five (5) years that involves fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? *[Subsection 5J-6.014(3), F.A.C.]*  **Yes**  **No**
  
- c. Have you, regardless of adjudication, previously been convicted or found guilty of, or entered a plea of guilty or a plea of nolo contendere to, any misdemeanor crime within the last three (3) years that involves fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property, or any other crime involving moral turpitude? *[Subsection 5J-6.014(1), F.A.C.]*  **Yes**  **No**
  
- d. Have you been convicted of acting as a salesperson without a license, either judicial or administrative? *[s. 501.607(e), F.S.]*  **Yes**  **No**
  
- e. Have you ever applied for a salesperson license that has been refused, or had a salesperson license revoked or suspended in any jurisdiction? *[s. 501.607(e), F.S.]*  **Yes**  **No**
  
- f. Have you ever worked for, or been affiliated with, a company that is involved in pending litigation or has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? *[s. 501.607(f), F.S.]*  **Yes**  **No**
  
- g. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? *[s. 501.607(g), F.S.]*  **Yes**  **No**

**Exhibit A**

**Legal (True) Name at the time of the action:**

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**Court or administrative agency rendering the decision, judgment or order:**

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**Governmental agency which brought the action:**

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**Nature of conviction, judgment, order or action:**

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**Date of Action:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Docket Number:**

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***Please attach additional pages as necessary using the same format.***

I understand that the Florida Department of Agriculture and Consumer Services will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry.  
*[s. 501.607(2), F.S.]*

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm or person from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Director of the Division of Consumer Services, or the Director's representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.

Any commercial telephone seller or salesperson who falsifies information on an application commits a felony of the third degree, punishable as provided in section 775.082, 775.083, or 775.084, F.S.

**I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION, AND IN ANY EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.**

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*Applicant Signature*

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*Print or Type Applicant Name*

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*Date*

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**STATEMENT OF VERIFICATION**

Section 501.607(2)(a), Florida Statutes

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**ADAM H. PUTNAM**  
**COMMISSIONER**

I, \_\_\_\_\_, represent that I am a licensed commercial  
*Business Representative*

telephone seller with \_\_\_\_\_ with whom  
*Legal Name of Telephone Seller – Business*

\_\_\_\_\_ will be associated in the activity of commercial telephone solicitation.  
*Name of Salesperson*

It is my desire to associate the individual above as a salesperson and I will accept all responsibility and liability for the commercial telephone solicitation activities of the salesperson, while acting within the scope of his/her employment.

I certify that I am authorized to complete this Statement of Verification and that the information provided is true and accurate.

\_\_\_\_\_  
*Signature of Business Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Email Address*

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
*Telephone Number*