

**STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION**

**Application for Licensure as a Financial Technology Sandbox Innovator  
Chapter 559, Part XII, Florida Statutes**

**GENERAL INSTRUCTIONS**

Pursuant to Rule 69V-559.1013, F.A.C. all forms and fees must be submitted through the Office's Regulatory Enforcement and Licensing (REAL) System at <http://real.flofr.com>.

Form OFR-559-FTS-001 is the application form used by Financial Technology Sandbox Innovators to either apply for an initial license or make an amendment to an existing license. This form can also be used to surrender an existing license or withdraw a pending application.

"Innovators" or "Innovative" means new or emerging technology, or new uses of existing technology, which provide a product, service, business model, or delivery mechanism to the public and which are not known to have a comparable offering in this state outside the Financial Technology Sandbox.

This form is divided into the following sections:

- Type of Filing
- Cryptocurrency/Virtual Currency Activity
- Applicant Information
- Contact Information
- Applicant Organization and History of Operations
- Preventive Law(s)
- Statement to Florida Consumers
- Financial Technology Documentation
- Disclosure Questions
- Chapter 516 Consumer Finance Product/Service Only Questions
- Chapter 560 Money Services Business Product/Service Only Questions

Upon completing the application form online, initial applicants must pay a non-refundable application fee of:

**Chapter 516 Financial Product/Service**

Application Fee	\$625
Investigation Fee	\$200
<b>Total Fee</b>	<b>\$825</b>

\*\*If applying to conduct activities under Chapter 516 only, fingerprinting of control person(s) is not required.

**Chapter 560 Financial Product/Service**

Application Fee                      \$375

\*\*If applying to conduct activities that are related to Chapter 560, fingerprinting of control person(s) is required.

\*\*If applying to conduct activities under both Chapter 516 and Chapter 560, both application fees, the investigation fee, and fingerprinting of control person(s) is required.

An applicant applying to be licensed under chapter 559, part XII, F.S., can only offer one product/service with this license. However, the one product/service may be related to a Chapter 516 product/service, a Chapter 560 product/service, or combination of both.

**Type of Filing**

Check the appropriate box for the type of filing. If filing for both services, check both boxes.

Initial Application – This designation applies to first-time filers.

Amendment – This designation applies to changes including, but not limited to, business name, fictitious name, physical address and phone numbers, mailing address, or records address. Additionally, if the information on a Disclosure Reporting Page has changed, it should be reported through this form. When filing amendments, complete the question(s) on the form that contain new information. **See section 559.952, F.S., and Rule 69V-559.104, F.A.C., for the requirements to file amendments.**

Surrender License/Withdraw – This designation applies to any request to surrender an active license or withdraw any pending application. If surrendering an existing license, update the address where records are stored in Question 3E and the contact information in Question 4.

**1. Financial Product or Service**

Specify the appropriate Chapter(s) (Chapter 516, Chapter 560, or both) that relate to the applicant's activities.

If the applicant-specified activities will be related to Chapter 560 in the question above, indicate the type. Refer to section 560.103, Florida Statutes, for more information.

## 2. Cryptocurrency/Virtual Currency Activity

Specify if the applicant will engage in Cryptocurrency/Virtual Currency Activity.

## 3. Applicant Information

**A. Business Name** – Provide the complete legal business name of the applicant.

**B. Fictitious or D/B/A Name** – Name under which the applicant operates if different from the business name. Provide evidence of fictitious name registration. If you do not use a fictitious name, leave the question blank.

**C. IRS Employee Identification Number (FEID)** – This is a nine-digit number assigned by the IRS.

**D. Business Main Address** – This is the main office physical address or the headquarters address.

**E. Address where records stored** – This is the physical location where any and all books and records will be maintained. Do not leave blank.

**F. Mailing Address** – Provide if different from business main address.

**G. Business Telephone and Fax Numbers** – Provide the telephone and fax number of the business location.

## 4. Contact Information

**A. Contact Person Name & Title** – Person to be contacted regarding the application.

**B. Contact Person Mailing Address** – Can be different from Business Mailing Address.

**C. Contact Person Telephone** – Can be different from Business.

**D. Contact Person E-mail Address** – Provide contact person's e-mail address.

## 5. Applicant Organization and History of Operations

If any question does not apply, answer "N/A" as the appropriate response.

**Question 5A** – Check type of organization.

**Question 5B (1)** - Check the appropriate box. The applicant must be a domestic corporation or other organized domestic entity with a physical presence, in this state. See section 559.952(3)(a), F.S.

**Question 5B (2)** – Attach a copy of the Certificate of Status or other appropriate documentation.

**Question 5B (3)** - Provide the date the business was incorporated/formed.

**Question 5C** - Attach a chart or description of the organizational structure of the applicant, including the identity of any parent or subsidiary of the applicant.

**Question 5D** - List all persons as requested in this section. A control person means an individual, a partnership, a corporation, a trust, or other organization that possesses the power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or through other means. A person is presumed to control a company if, with respect to a particular company, that person:

1. Is a director, a general partner, or an officer exercising executive responsibility or having similar status or functions;

2. Directly or indirectly may vote 10 percent or more of a class of a voting security or sell or direct the sale of 10 percent or more of a class of voting securities; or

3. In the case of a partnership, may receive upon dissolution or has contributed 10 percent or more of the capital.

For each person listed, complete a Biographical Summary and attach a resume.

**For applicants conducting activity under Chapter 560 (not required if applicant is publicly traded):** For each natural person listed in this question submit fingerprints to a live scan vendor approved by the Florida Department of Law Enforcement (FDLE) and published on FDLE's website:

[https://www.fdle.state.fl.us/CriminalHistory-Records/Documents/InternetDoc\\_ServiceProviders.aspx](https://www.fdle.state.fl.us/CriminalHistory-Records/Documents/InternetDoc_ServiceProviders.aspx) for submission to the FDLE and the Federal Bureau of Investigation for a state and federal criminal background check.

In addition, for applicants offering a Chapter 560 product/service, a BSA/AML Compliance Officer is required to be listed.

**Question 5E** – Provide the website of the business that will be provided to consumers to access the financial/product service.

## 6. Preventive Law(s)

Check the applicable boxes that currently prevent the innovative product or service from being made available. The applicant must check at least one box. Attach documentation explaining the reason why the law(s) selected prevent the innovative product or service from being made available.

## 7. Statement to Florida Consumers

Attach a copy of the statement that will be provided to Florida consumers pursuant to section 559.952(6)(b), F.S.

## 8. Financial Technology Documentation

A. Provide all documentation required by Rule 69V-559.1021(2)(a)-(d), F.A.C.

B. Specify the number of Florida consumers the applicant proposes to make the product/service available to. An applicant may propose a maximum of 15,000 Florida consumers; however, an applicant may propose an amount in excess of 15,000 if authorized pursuant to the provisions of section 559.952(5)(f), F.S.

C. List any other state the applicant currently holds or

previously held a Financial Technology Sandbox Innovator license (or its equivalent).

#### **9. Disclosure Information**

For a "yes" answer to this question, complete a separate Disclosure Reporting Page (DRP), page 9 of this form, for each unrelated event. Attach documentation pertaining to each matter disclosed. Such documentation includes copies of certified court documents demonstrating a lien or judgment has been satisfied, account statements or credit reports indicating the satisfactory payment of legal debts, and copies of documents from a bankruptcy court.

#### **QUESTIONS 10 – 11 ARE ONLY REQUIRED OF APPLICANTS CONDUCTING A CHAPTER 516 – CONSUMER FINANCE PRODUCT/SERVICE**

#### **10. Liquid Assets**

Applicant must provide documentation from an insured financial institution that liquid assets in the amount of \$25,000 are on deposit with the institution and held solely for the purposes of licensure. The documentation should include the applicant/licensee name, street address, and account balance.

#### **11. Pawnbroker Business**

Indicate whether the applicant is engaged in the pawnbroker business. **NOTE:** Section 516.05(6), Florida Statutes, provides that "no license shall be granted to or renewed for any person or organization engaged in the pawnbroker business."

#### **QUESTIONS 12-20 ARE ONLY REQUIRED OF APPLICANTS CONDUCTING A CHAPTER 560 – MONEY SERVICES BUSINESS PRODUCT/SERVICE**

Question 12 – Check the applicable box and provide the name of the exchange or regulator and stock symbol(s).

Question 13 – Check the applicable box. Registration as a Money Services Business with the Financial Crimes Enforcement Network (FinCEN), if applicable, is required.

Question 14 – Provide a copy of the applicant's written anti-money laundering program as required under 31 C.F.R. s. 1022.210 with this application.

Question 15 – If your response to this question is "Yes", complete and submit a Financial Technology Sandbox Innovator Location Notification Form, Form OFR-559-FTS-002, for each location within 60 days after the date the applicant/licensee opens a location within this state or authorizes a vendor location to operate on their behalf. Location/Vendor filings shall be accompanied by a non-refundable \$38 fee for each branch or vendor location. Attach a copy of your sample vendor contract.

Question 16 – List all accounts through which licensed activities will be or are being conducted. An amendment filing is required for any changes to this information.

Question 17 – Provide the applicant's/licensee's fiscal year-end (Month/Day).

Question 18 – Provide a financial audit report as required in section 560.205(4), F.S.

Question 19 – Enter the number of consumers specified in response to question 8E.

Question 20 – A bond or alternative security device between \$75,000 and \$250,000 is required. Indicate the type of device you are submitting. If pledging a deposit, submit to the Office an originally executed Financial Technology Sandbox Innovator Pledge Agreement, Form OFR-559-FTS-005, with a copy of the security pledged.

If submitting a surety bond, submit to the Office an originally executed Financial Technology Sandbox Innovator Surety Bond form, Form OFR-559-FTS-006.

If submitting a letter of credit, submit to the Office an originally executed Letter of Credit.

An original fully executed Pledge Agreement, Surety Bond, or Letter of Credit must be mailed to:

Office of Financial Regulation  
Division of Consumer Finance  
Bureau of Registration  
200 East Gaines Street  
Tallahassee, Florida 32399-0376

21. Signature – This form must be electronically signed by a person legally authorized to bind the applicant and attest to the accuracy of the information contained in this form.

**Filers may also find all forms, statutes and rules relating to Financial Technology Sandbox Innovator licenses on the Office's website at [www.flofr.com](http://www.flofr.com).**



( ) --  
(Contact Person Phone)

( ) --  
(Contact Person Fax)

D. Contact Person E-mail address: \_\_\_\_\_

**5. Applicant Organization and History of Operations:**

A. Applicant is a:  Corporation,  Partnership,  Association,  LLC,  Other (Explain): \_\_\_\_\_

B. If applicant is a corporation, partnership, association, LLC, or other legally formed entity:

(1) Is the applicant a domestic corporation or other organized domestic entity with a physical presence, in this state? Yes  No

(2) Attach a copy of the Certificate of Status or other appropriate documentation.

(3) Provide the date the business was incorporated / formed: \_\_\_\_\_

C. Attach a chart or description of the organizational structure of the applicant, including the identity of any parent or subsidiary of the applicant.

D. List every control person of the applicant in the table below. Attach additional sheets if necessary. For every person listed, complete a Biographical Summary, attach a resume, and submit fingerprints to a live-scan vendor approved by the Florida Department of Law Enforcement. (Refer to page 2 in the instructions for additional guidance).

Name	Title or Position	% of ownership	Date Title or Position Acquired

E. Provide the website of the business that will be provided to consumers to access the financial/product service.

\_\_\_\_\_  
Website URL

**6. Preventive Laws**

Specify the law(s), as enumerated in Chapter 559.952(4)(a), which currently prevent the innovative product or service from being made available:

<input type="checkbox"/> 559.952(4)(a)1., F.S.	<input type="checkbox"/> 559.952(4)(a)2., F.S.	<input type="checkbox"/> 559.952(4)(a)3., F.S.
<input type="checkbox"/> 559.952(4)(a)4., F.S.	<input type="checkbox"/> 559.952(4)(a)5., F.S.	<input type="checkbox"/> 559.952(4)(a)6., F.S.
<input type="checkbox"/> 559.952(4)(a)7., F.S.	<input type="checkbox"/> 559.952(4)(a)8., F.S.	<input type="checkbox"/> 559.952(4)(a)9., F.S.
<input type="checkbox"/> 559.952(4)(a)10., F.S.	<input type="checkbox"/> 559.952(4)(a)11., F.S.	<input type="checkbox"/> 559.952(4)(a)12., F.S.
<input type="checkbox"/> 559.952(4)(a)13., F.S.	<input type="checkbox"/> 559.952(4)(a)14., F.S.	

NOTE: Documentation explaining the reason why the law(s) selected above prevent the innovative product or service from being made available to consumers must be attached.

**7. Statement to Florida Consumers**

Attach a copy of the statement that will be provided to Florida consumers pursuant to section 559.952(6)(b), F.S.

**8. Financial Technology Documentation**

A. Provide all documentation required by Rule 69V-559.1021(2)(a)-(d), F.A.C.

B. Specify the number of Florida consumers the applicant proposes to make the product/service available to consumers. An applicant may propose a maximum of 15,000 Florida consumers; however, an applicant may propose an amount in excess of 15,000 if authorized pursuant to the provisions of section 559.952(5)(f), F.S.

C. List all Financial Technology Sandbox Innovator licenses (or equivalent licenses) currently or previously held by the

applicant.

State of Issuance	License Number	Date License Issued

**9. Disclosure Questions – Financial Responsibility**

Does the applicant have a history of unpaid liens, unpaid judgments, or other general history of nonpayment of legal debts, including having been the subject of a petition for bankruptcy under the United States Bankruptcy Code with the past 7 calendar years?

Yes  No (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event).

**QUESTIONS 10 – 11 ARE ONLY REQUIRED OF CHAPTER 516 – CONSUMER FINANCE PRODUCT/SERVICE APPLICANTS/LICENSEES**

**10. Does the applicant have liquid assets in the amount of \$25,000 for the proposed location listed in this application?**

Yes  No

A. Attach a letter from an insured financial institution that the liquid assets are on deposit with the institution and held solely for the purposes of licensure.

**11. Does the applicant presently operate as a pawnbroker or hold a registration from the Florida Department of Agriculture as a pawnbroker or second-hand dealer?**

Yes  No

**NOTE:** Section 516.05(6), Florida Statutes, provides that “no license shall be granted to or renewed for any person or organization engaged in the pawnbroker business.”

**QUESTIONS 12-20 ARE ONLY REQUIRED OF CHAPTER 560 – MONEY SERVICES BUSINESS PRODUCT/SERVICE APPLICANTS/LICENSEES**

**12. Is the applicant publicly traded on any stock exchange? Yes  No**

(1) If yes, provide the name of the exchange or similar regulator and stock symbol(s):

**13. Is the applicant registered with the Financial Crimes Enforcement Network (FinCEN) as a Money Services Business (“MSB”)?**

Yes  No  (If no, then read page 3 of the instructions for information regarding registration requirements)

**14. Provide a copy of the applicant’s written anti-money laundering program as required under section 560.1235, F.S.**

**15. Does the applicant propose to engage in licensed activities at any location other than the main office or through an authorized vendor?**

Yes  No  (If yes, read page 3 in the instructions for requirements regarding notification of locations and authorized vendors and attach a copy of your vendor contract.)

**16. Financial Information**

A. Provide a list of accounts, to include the following, through which licensed activities are being or will be conducted:

Name of Institution	Address	Name on Account	Type of Account	Account No.(s)

17. When is the applicant's/licensee's Fiscal Year End? \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day)

18. Attach a copy of the applicant's financial audit report prepared in accordance with U.S. Generally Accepted Accounting Principles for the most recent fiscal year end (compiled or reviewed audit reports are not acceptable).

**Net worth Requirement – A licensee engaging in a Chapter 560 – Money Services Business Product/Service must maintain a minimum net worth. The minimum amount of net worth is determined based on the number of consumers the Office authorizes the licensee to make the innovative financial product or service available to. See table below to determine the minimum amount of net worth:**

<u>Total Number of Consumers</u>	<u>Required Amount of Net Worth</u>
0 – 7,500	\$25,000
7,501 – 15,000	\$50,000
15,001 – 20,000	\$75,000
20,001 – 25,000	\$100,000

19. Enter the total number of consumers specified in Question 8B. \_\_\_\_\_

**Based on your answer above, use the chart below to determine the required amount of your security device and enter the amount on this line \$\_\_\_\_\_.**

<u>Total Number of Consumers</u>	<u>Required Amount of Collateral</u>
0 – 7,500	\$ 75,000
7,501 – 15,000	\$150,000
15,001 – 20,000	\$200,000
20,001 – 25,000	\$250,000

**NOTE: A bond or alternative security device between \$75,000 and \$250,000 is required.**

20. A bond or alternative security device between \$75,000 and \$250,000 is required. Complete question 19 of this application to determine the required security device amount. Indicate below the type of security device you are submitting with your application. Attach evidence from a federally insured financial institution to confirm that the security is on deposit or in safekeeping and is pledged to the Office of Financial Regulation.

Type of security device provided with application:

- Certificate of Deposit (Attach originally executed pledge agreement, Form OFR-559-FTS-005, along with a copy of the item pledged)
- Bond (Attach originally executed bond form, Form OFR-559-FTS-006)
- Letter of Credit (Provide originally executed Letter of Credit)
- Other (Please list) \_\_\_\_\_

**21. Signature**

I, the undersigned authorized person, have full authority to sign and verify this application. I have read this application and disclosure reporting pages and have knowledge of the facts stated herein. This application, and all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of my knowledge and belief.

I further acknowledge that any misstatement may cause the Office to deny the application or initiate proceedings against the licensee. I also represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Section 837.06, F.S., states: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

The authorized person or authorized person's agent has typed his or her name under this section to attest to the completeness and accuracy of this form. The authorized person recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**Disclosure Reporting Pages (OFR-559-FTS-001)**

This Disclosure Reporting Form is an  **INITIAL OR**  **AMENDED** response to report details for an affirmative response to **Question 9** in Form OFR-559-FTS-001.

1. Action initiated against:

- Applicant/Licensee
- Authorized Vendor
- Affiliated Party

Name of Authorized Vendor/Affiliated Party: \_\_\_\_\_

2. Action initiated by: (Name of Regulator, Law Enforcement or Prosecutorial Agency, Creditor/Lien Holder, Private Plaintiff, Applicant/Licensee, etc.)

3. Filing Date of Action (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

4. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court – City or County and State or Country, Docket/Case Number):

5. Employing Business when activity occurred:  
\_\_\_\_\_

6. Describe the allegations related to this action. (Attach a separate sheet if necessary):

7. Current status of action?  Pending  On Appeal  Final

8. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

9. If Pending, date notice/process was served (MM/DD/YYYY): \_\_\_\_\_  
 Exact  Explanation If not exact, provide explanation:

**If Final or On Appeal, complete items below. For Pending Actions, complete item 14 only.**

10. Provide a detailed explanation of how the matter was resolved (Attach a separate sheet if necessary):

11. Resolution Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

12. Comments. Use this section to provide a summary of the circumstances leading to the action, as well as the status or disposition and/or finding(s).

13. In addition to the information requested in this DRP, provide documentation pertaining to each matter. Such documentation includes certified copies of criminal convictions or administrative orders entered against the applicant.

**State of Florida  
Office of Financial Regulation  
Biographical Summary**

Check the box that indicates what you would like to do:

- Submit an initial biographical summary.**  
 **Submit an amendment to a biographical summary.**

**1. Applicant/Licensee Information**

**A. Business Name of Applicant/Licensee (Same as Question 3A on page 1 of Application):**

Business Name of Applicant/Licensee

**2. Individual Biographical Summary**

**A. \*Identifying Information**

Provide your Social Security Number*** below the signature section at the end of this summary.
--

**B. \*Name**

First Name	Middle Name	Last Name	Suffix	Date of Birth

**C. Surnames and/or Aliases**

First Name	Middle Name	Last Name	Suffix (Sr., Jr., II, or III)

**D. \*Are you a U. S. Citizen? (Chapter 560 Financial Product/Service Providers Only)  Yes  No**

(If "No", or naturalized citizen less than five years, complete Addendum (1) applicable to non-U.S. Citizens.  
 If naturalized, indicate date of naturalization and certificate number.)

Date of Naturalization	Certificate Number

**E. \*Residential Address**

Number and Street	City, Town, etc.	State	Country	Postal Code

**F. \*Mailing Address** ( Check box if mailing address the same as residential)

Number and Street	City, Town, etc.	State	Country	Postal Code

**G. \*Phone Number**

Residence Telephone Number	Daytime Telephone Number
(   )   -	(   )   -

**H. \*Residential History** (Start with the current address, give all addresses for last 5 years. Report changes as they occur)

Number and Street	City, Town, etc.	State/Providence	Country	From		To	
				Mo.	Yr.	Mo.	Yr.

**I. \*Employment History** (Start with current employer, give all employments for the last 5 years. Report changes as they occur)

Name of Company	City, Town, etc.	State/Providence	Position Held	From		To	
				Mo.	Yr.	Mo.	Yr.

**J. \*Professional Licenses and Certifications**

Type of License/Certification	Name of Licensing Authority/City/State	Date Issued		Status	Status Date	
		Mo.	Yr.		Mo.	Yr.

**K. Are you presently an officer, director, representative, member, principal, agent, or shareholder of 10% or more of the outstanding stock of any firm, company, corporation, partnership or other business organization?**

Yes  No If yes, complete the chart below.

Name and Address	State of Incorporation	Type of Business	Position Held

**3. Disclosure Questions** (If you answer "yes" to any question, complete a separate Disclosure Reporting Page (DRP) for each event)

**A. Criminal Disclosure**

1) Have you, regardless of adjudication, pled no contest to, been convicted or found guilty of, or are you currently under investigation for fraud, a state or federal securities violation, a property-based offense, or a crime involving moral turpitude or dishonest dealing?

Yes  No (If yes, complete a Disclosure Reporting Page (DRP) for each unrelated event)

**B. Financial Responsibility**

1) Does the applicant have a history of unpaid liens, unpaid judgments, or other general history of nonpayment of legal debts, including having been subject of a petition for bankruptcy under the United States Bankruptcy Code with the past 7 calendar years?

Yes  No (If yes, complete a Disclosure Reporting Page (DRP) for each unrelated event).

**4. \*Signature**

In assuming the position for which this form is being submitted, I am undertaking a commitment to be fully informed as to the affairs of the applicant/licensee with which I will be associated and to exercise my independent judgment with respect to any matters that may come before me.

**Certificate**

I hereby certify that this form, attached addenda, and applicable disclosure reporting pages have been carefully examined by me and that the information is true, correct and complete to the best of my knowledge and belief. I agree and understand that any false or misleading statements or omissions of material fact herein may be cause for the Office to deny my participation in the application for which this summary is submitted.

The individual person or individual person's agent has typed his or her name under this section to attest to the completeness and accuracy of this form. The individual person recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

<b>***SSN Section</b>
<b>Social Security Number</b> _ _ _ - _ _ - _ _ _

**Addendum (1) to Form OFR-559-FTS-001  
Non-U. S. Citizen Supplemental Information**

**\*\*This page is only required to be completed for applicants/licensees whose financial product or service is related to money services business activity.**

If you are **NOT** a United States citizen, please provide the following:

1. Visa Type and Number: \_\_\_\_\_
2. Passport Type and Number: \_\_\_\_\_
3. National or Alien Identification Number(s): \_\_\_\_\_
4. Other Identification Number(s) (Please indicate the type of identification numbers listed): \_\_\_\_\_  
\_\_\_\_\_

If you are exempt from holding a visa, please explain why \_\_\_\_\_  
\_\_\_\_\_

5. Mother's maiden name: \_\_\_\_\_

\*\*\*\*\*

**Instructions:**

Any and all documents which are presented in a language other than the English language are to be translated into English and duly certified by the translator to be true and accurate. All certified copies and statements submitted with this application must be certified in accordance with the provisions of section 90.902(3), Florida Statutes, for the purpose of admissibility in a court of law in the State of Florida.

If you are unable to secure certified statements from the government of your country, a statement from the government attesting that it will not issue certificates or sworn statements must be submitted. However, if not available from the government, a certification from the United States Embassy Secretary or Consular Agent attesting that the government does not or will not issue certifications or sworn statements is required.

A United States Embassy Secretary or Consular Agent in the foreign country must certify each final copy and statement to be submitted with this application.

**Disclosure Reporting Pages (Form OFR-559-FTS-001)**

This Disclosure Reporting Form is an  **INITIAL OR**  **AMENDED** response to report details for an affirmative response to **Question 3** of the biographical summary section in Form OFR-559-FTS-001.

**Check question(s) you are responding to:**

**3A(1)**  **3B(1)**

Use only one DRP to report details to the same event. Unrelated actions must be reported on separate DRPs.

1. Action initiated by: (Name of Regulator, Law Enforcement or Prosecutorial Agency, Creditor/Lien Holder, Private Plaintiff, Applicant/Licensee, etc.)

2. Filing Date of Action (MM/DD/YYYY): \_\_\_\_\_  **Exact**  **Explanation**  
If not exact, provide explanation:

3. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court – City or County and State or Country, Docket/Case Number):

4. Employing Business when activity occurred:  
\_\_\_\_\_

5. Describe the allegations related to this action. (Attach a separate sheet if necessary.):

6. Current status of action?  **Pending**  **On Appeal**  **Final**

7. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

8. If Pending, date notice/process was served (MM/DD/YYYY): \_\_\_\_\_  
 **Exact**  **Explanation** If not exact, provide explanation:

**If Final or On Appeal, complete items below. For Pending Actions, complete item 13 only.**

9. Provide a detailed explanation of how the matter was resolved (Attach a separate sheet if necessary):

10. Resolution Date (MM/DD/YYYY): \_\_\_\_\_  **Exact**  **Explanation**  
If not exact, provide explanation:

11. Comments. Use this section to provide a summary of the circumstances leading to the action, as well as the status or disposition and/or finding(s).

12. In addition to the information requested in this DRP, provide documentation pertaining to each matter. Such documentation includes certified copies of criminal convictions or administrative orders entered against you.

**\*\*\* Notice Regarding Collection and Use of Social Security Numbers**

In accordance with sections 119.071(5)(a)2.a. and b., F.S., the OFR gives the following notice regarding the OFR's collection and use of social security numbers:

(a) Social security numbers are collected for the purpose of verifying identity and also conducting criminal history background checks. Collection of social security numbers is specifically authorized under sections 560.141 and 516.03, F.S.

(b) Social security numbers collected by the OFR may not be used by the OFR for any purpose other than the purpose provided in this notice.

(c) Social security numbers held by the OFR are confidential and exempt from section 119.07(1), F.S., and Section 24(a), Article I of the State Constitution. This exemption does not supersede any federal law prohibiting the release of social security numbers or any other applicable public records exemption for social security numbers existing prior to May 13, 2002, or created thereafter.

(d) Social security numbers held by the OFR may be disclosed if any of the following apply:

1. The disclosure of the social security number is expressly required by federal or state law or a court order;
2. The disclosure of the social security number is necessary for the receiving agency or governmental entity to perform its duties and responsibilities;
3. The individual expressly consents in writing to the disclosure of his or her social security number;
4. The disclosure of the social security number is made to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224;
5. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. sections 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. sections 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. sections 6801 et seq., provided that the authorized commercial entity complies with the requirements of this paragraph;
6. The disclosure of the social security number is for the purpose of the administration of health benefits for an agency employee or his or her dependents;
7. The disclosure of the social security number is for the purpose of the administration of a pension fund administered for the agency employee's retirement fund, deferred compensation plan, or defined contribution plan; or
8. The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.