



APPLICATION FOR LOCKSMITH INDIVIDUAL PERMIT

Check one of the following:

Initial

Renewal

2yr Renewal

Check one of the following:

Business Owner

Employee

Check one of the following:

Locksmith Exempt

Locksmith Certified

Locksmith Apprentice

APPLICANT INFORMATION:

1. Full Legal Name (*Last, First M.I.*): _____
2. Residential Address : _____
3. Phone Number: _____ Cell Number _____
4. Email Address: _____ Locksmith Permit Number: _____
5. Date of Birth: _____ Number of years you performed locksmith work: _____

EMPLOYMENT INFORMATION: (Please attach additional sheets of paper if necessary)

Business Name: _____	Business Name: _____
Registration Number: _____	Registration Number: _____
Address : _____	Address : _____
Zip Code: _____	Zip Code _____
Business Phone: _____	Business Phone: _____

NOTE: If you are the owner of a locksmith business and have already submitted photographs and fingerprints in connection with obtaining your business application, you do not have to re-submit fingerprints and photographs yourself.

Complete the following checklist including those items attached or enclosed with this application:

- Renewal Applications Need Only Include the Underlined Items Below -

- | | |
|---|---|
| <input type="checkbox"/> <u>Completed Application</u> | <input type="checkbox"/> <u>Two Passport Size Photos</u> |
| <input type="checkbox"/> <u>License Fees(See Attachment)</u> | <input type="checkbox"/> <u>Copy of Applicant's Drivers License</u> |
| <input type="checkbox"/> Locksmith Experience Affidavit (Initial applicants only) | |

Please answer yes or no to the following questions:

- Yes** **No** Do you have any convictions, in any jurisdiction, whether or not adjudication has been withheld for felonies, misdemeanors or ordinance violations (excluding traffic violations), for robbery, burglary, larceny, theft, possession of a stolen car, breaking and entering, or any other crime related to locksmithing for the past five (5) years for the individual applicant, for each general partner of a partnership or for each owner, officer or director of a corporation. *If yes, please provide details on a separate sheet.*
- Yes** **No** Do you have any convictions, in any jurisdiction, whether or not adjudication has been withheld of any felony involving moral turpitude relating to sex, the use of a deadly weapon, homicide, violence against a law enforcement officer, or as a habitual violent felony offender for the individual applicant for each general partner of a Partnership, or for each owner, officer, or director of a corporation. *If yes, please provide details on a separate sheet.*
- Yes** **No** Do you owe money to Miami-Dade County, either individually or through any other business, as a result of any of the following: unpaid civil penalties; unpaid administrative costs for a hearing; unpaid County investigative, enforcement, testing or monitoring costs; or unpaid liens? *If yes, please provide details on a separate sheet.*

I, _____, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I will abide by the provisions of the Code of Miami-Dade County and all other applicable laws. I understand that civil penalties may be imposed for violations of provisions of the Miami-Dade County Code. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a Locksmith License or Apprentice Permit. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

APPLICANT SIGNATURE

DATE

Social Security Number Collection Policy: Pursuant to section 119.071(5) of the Florida Statutes, agencies are required to adopt a written Social Security Number Collection Policy. Business Affairs and Consumer Protection collects your Social Security number for verification of identification purposes. Please enter your Social Security number in the space(s) provided below. Upon completion of the criminal background search, your Social Security number will be redacted from our file.

Name: _____ **Social Security Number:** _____

