



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Rd
Tallahassee, FL 32399

INSTRUCTIONS: FORM TO BE COMPLETED BY LICENSING OFFICE FROM THE ENDORSING STATE

I, _____, designated official/representative of the
(NAME OF OFFICIAL)

(NAME OF BOARD OR REGULATORY AGENCY)

verify that _____
(NAME OF APPLICANT)

was granted a _____
(LICENSE/CERTIFICATION TYPE AND NUMBER)

as a result of:

1. Method of licensure ____ **By Examination** ____ **By Reciprocity**
2. Date originally issued. _____
3. If by examination, how many questions on the exam and what is minimum passing score/percentage? _____
4. How much education and experience is required for the license? _____

5. Was education substituted for experience? ____ **Yes** ____ **No** If yes, how much education was substituted? _____

6. License status ____ **CURRENT** ____ **INACTIVE** ____ **REVOKED**
7. License expiration date _____
8. Any enforcement issues – past or present? ____ **Yes** ____ **No** If yes, please explain and attached all applicable documentation that is considered public record.

State Representative Contact Information:

Signature of Designated Representative

Date

Address/City/State/Zip

Telephone Number

Email Address

Web Address for State Licensing Rules and Regulations