

**APPLICATION FOR A YACHT AND SHIP EMPLOYING BROKER,  
BROKER OR SALESPERSON'S LICENSE**

Attached please find the application for a yacht and ship employing broker, broker or salesperson's license. Once received, your application will be reviewed as set forth in and required by Rule 61B-60, Florida Administrative Code. Pending completion of the review process, a temporary 90-day license will be issued. **YOU MUST HAVE THE ATTACHED FINGERPRINT CARD COMPLETED BY ONE OF YOUR LOCAL LAW ENFORCEMENT OFFICES. DO NOT BEND, FOLD OR MUTILATE THE FINGERPRINT CARD.** Upon receipt of the results of the criminal history check, a determination will be made as to whether to issue a permanent license.

**HELPFUL HINTS TO KEEP THE PROCESS RUNNING SMOOTHLY**

**BE SURE TO SIGN YOUR BOND AND HAVE YOUR SIGNATURE WITNESSED.**

An application for an employing broker or broker's license will only be accepted for an individual who has been licensed as a salesperson for at least two consecutive years.

A salesperson's application will not be processed until the employing broker of record is licensed.

Inform us immediately when there is a change in the information already submitted by you. If there is a change of address, return your original license it will be re-issued to you at the new location.

Prior to opening a branch office, notify us. We will forward you an application.

When a salesperson leaves the employ of a broker, it is the employing broker's responsibility to notify our office by mail and to return the salesperson's original blue license.

When the employing broker severs his or her professional relationship with a business entity, he or she shall immediately notify our office; and shall immediately return the salesperson's licenses to our office by certified mail.

In both of the above cases, the salesperson's licenses will be cancelled until our office receives notification that he or she has been employed by a new broker.

If you have any questions or need further information, please contact our office at (850) 488-1636.

**APPLICATION FOR A YACHT AND SHIP EMPLOYING BROKER,  
BROKER OR SALESPERSON'S LICENSE**

In filing an application, be certain that the application is completely executed, that all questions are answered truthfully, that all requested information is furnished and that the bond or letter of credit and appropriate fees are included.

Enclose a check or money order for **\$551.00** payable to DBPR- Division of Florida Land Sales, Condominiums, and Mobile Homes Trust Fund.

Send to: **Section of General Regulation, Division of Florida Land Sales, Condominiums, and Mobile Homes, 2601 Blair Stone Road, Tallahassee, Florida 32399-1030.**

If additional space is required, write on a separate sheet and attach to the application. Failure to comply with these instructions or to enclose the fee will result in delay of processing.

**Type or print with blue or black ink.**

**A. TO BE COMPLETED BY ALL APPLICANTS**

\_\_\_\_\_ EMPLOYING BROKER    \_\_\_\_\_ BROKER    \_\_\_\_\_ SALESPERSON

1. Legal Name of Applicant:

\_\_\_\_\_

(First)

(Middle)

(Last)

2. Social Security Number \_\_\_\_\_

Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.

3. Current Legal Residence:

\_\_\_\_\_

(Number and Street)

(City)

(County)

(State) (Zip Code)

How Long at the Above Address? \_\_\_\_\_

4. Mailing Address (if different from #3)

\_\_\_\_\_

5. Home Telephone Number (\_\_\_\_\_)\_\_\_\_\_

Business Telephone Number (\_\_\_\_\_)\_\_\_\_\_

6. Name and Address of principal place of business in Florida:

\_\_\_\_\_

\_\_\_\_\_

7. Are you a resident of and physically residing/domiciled in the state of Florida? \_\_\_\_\_

(a) If the answer to #7 is no, please provide us with your out-of-state address and telephone number:

\_\_\_\_\_

8. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

NOTE: The information requested in Number 8 will be used for investigative purposes only. In no way will the information requested be used as a basis for acceptance or denial of permanent licensure.

9. Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, are you a foreign national or an alien authorized to work under Title 8 of the United States

Code? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide your Employment Authorization Number. \_\_\_\_\_

10. Furnish a full set of fingerprints taken within the 6 months preceding the submission of this application; use the fingerprint card attached.

11. At any time since October 1, 1988, have you brokered yachts pursuant to Chapter 326, Florida Statutes?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details. \_\_\_\_\_

\_\_\_\_\_

12. LICENSES AND CERTIFICATES: Are you now or have you ever been licensed or certified in any other profession such as real estate, insurance, or securities in Florida or any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_ If you answered yes, please describe:

Profession \_\_\_\_\_ License # \_\_\_\_\_

First Obtained \_\_\_\_\_ Status of License \_\_\_\_\_

13. (a) Has any license, certification, registration or permit to practice any regulated profession or occupation been revoked, annulled or suspended in this or any other state, or is any proceeding now pending? Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Have you ever resigned, withdrawn from, or surrendered any license, registration or permit to practice any regulated profession, occupation or vocation while such charges were pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer to questions (a) or (b) is Yes, attach a complete, signed statement giving the name and address of the officer, board, commission, court or governmental agency or department before whom the matter was, or is now, pending and give the nature of the charges and relate the facts.

14. CRIMINAL HISTORY: Have you ever been convicted of a crime, either pled or been found guilty, or entered a plea of nolo contendere (no contest), even if adjudication was withheld?

NOTE: This question applies to any violation of the laws of any municipality, county, state, or nation, including traffic offenses (but not parking, speeding, inspection or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, paroled, or pardoned. Your answer to this question will be checked against local and state records. Failure to answer this question accurately could cause denial of licensure.

Yes \_\_\_\_\_ No \_\_\_\_\_

15. CIVIL SUITS: Has any judgment or decree of a court been entered against you or is there currently pending any case, in this or any other state in which you were charged in the petition, complaint, declaration, answer, counterclaim or other pleading with any fraudulent or dishonest dealing?

Yes \_\_\_\_\_ No \_\_\_\_\_

16. ADMINISTRATIVE ACTIONS: Has any Final Order been entered against you or is there any Final Order currently pending against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If your answer to question 14, 15, or 16 is yes, attach your complete signed statement of the charges and facts, together with the dates, name and location of the court in which the proceedings were held or are pending.**

17. Has any court ever declared you mentally incompetent?

Yes \_\_\_\_\_ No \_\_\_\_\_

**(If your answer is yes, attach your signed statement giving full details.)**

18. I have \_\_\_\_\_ have not \_\_\_\_\_ (check one) used, been known as or called by another name or alias other than the name signed to this application. (If your answer is yes, state name(s) used, the period of time and place where used.)

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**B. TO BE COMPLETED BY APPLICANTS FOR EMPLOYING BROKER OR BROKER'S LICENSE**

1. Broker's escrow or trust account number to be used:

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2. Name and address of Florida financial institution where the above account is maintained:

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3. List address of branch office(s) operated or to be operated by you:

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NOTE: Each branch office is required to post an employing broker's branch license.

4. List contracted salespersons.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>From - To</u>
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**C. TO BE COMPLETED BY APPLICANTS FOR SALESPERSON'S LICENSE**

1. List employing broker who will hold your license.

Name and Address

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**D. TO BE COMPLETED IN ALL CASES**

I hereby certify the foregoing information is true and correct to the best of my knowledge and belief.

I further certify that I have read Chapter 326, Florida Statutes, the Yacht and Ship Brokers' Act, and Florida Administrative Code Chapter 61B-60, Yacht and Ship Brokers.

DATE: \_\_\_\_\_  
Signature of Applicant

DATE: \_\_\_\_\_  
Signature of Employing Broker

(REQUIRED IF APPLICATION IS FOR A SALESPERSON OR BROKER.)

AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, having filed an application in accordance with the Florida Yacht and Ship Brokers' Act and the rules promulgated thereunder, and fully recognizing the responsibility to the public lodged with the section to determine that only those of high character are licensed as Yacht Brokers or Salespersons, hereby authorize and request every person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me relevant to my good moral character and fitness to perform the responsibilities of a Broker or Salesperson, to furnish the originals or copies of such documents, records and other information to the section, or any of its representatives, and to permit the section or any of its representatives to inspect and make copies of any such documents, records and other information.

I hereby authorize all such persons as set out above to answer any inquiries, questions, or interrogatories concerning the undersigned which may be submitted to them by the section or its authorized representatives, and to appear before the section or its authorized representative, and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned.

I hereby release and exonerate every person, firm, officer, corporation, association, organization or institution which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by the section.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant