

As a result of Governor Ron DeSantis signing HB 1091 into law, initial licensure fees are reduced by 50% for Fiscal Years 2023/2024 and 2024/2025.

The total amount to be submitted for this application has been reduced:

- from \$1,750 to \$1,550 if application is submitted in the first year of the biennium.
- from \$1,000 to \$800 if application is submitted in the second year of the biennium.

If you are applying during the first year of the biennium period, please submit payment in the amount of \$1,550 with this application.

If you are applying during the second year of the biennium period, please submit payment in the amount of \$800 with this application.

State of Florida
Department of Business and Professional Regulation
Board of Employee Leasing Companies
Application for Licensure as an Employee Leasing Company Group
Form # DBPR ELC 3

EMPLOYEE LEASING COMPANY GROUP QUALIFICATIONS

- Two or more, but not more than five, employee leasing companies that are majority owned by the same ultimate parent, entity, or persons may be licensed as an employee leasing company group.
- As a condition of licensure as an employee leasing company group, each company that is a member of the group shall guarantee payment of all financial obligations of each other member. Group members must complete the Cross Guarantee form included in this packet (pages 20 and 21).
- Each employee leasing company in the group must have **at least** one properly licensed controlling person; however the same person could be the controlling person for multiple group members. For additional information regarding who should be licensed as a controlling person, please see the controlling person application (form # DBPR ELC 1) and its instructions which are included in this application packet (pages 24-32).
- An Employee Leasing Company Group is required to have a tangible accounting net worth of not less than \$50,000 collectively, and positive net working capital. If the employee leasing company group does not have a tangible accounting net worth of at least \$50,000, the group shall have guaranties, letters of credit, or other securities acceptable to the board in sufficient amounts to offset any deficiency. If you require a guaranty or letter of credit, Board approved guaranty and letter of credit forms are included in this application packet (pages 22 and 23).

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS

ALL Employee Leasing Company Group Applicants must submit:

- Fees:**
 - Application Fee- \$250 non-refundable application fee for each member company.
 - License Fee- \$1,500, if application is filed in the first year of the employee leasing biennium; \$750, if application is filed in the second year of the biennium. The biennium ends on April 30 of every even-numbered year. This fee only applies to the Group Leader.
 - Pay the Employee Leasing Company Assessment Fee based on the company's gross Florida payroll. Your application will not be complete until you pay the assessment fee. **Note: If you are an existing group licensee adding a company to the group, an additional assessment is not required.**
 - Please see 61G7-5.002 F.A.C to determine the Annual Assessment Fee.
 - Make all checks payable to the Florida Department of Business and Professional Regulation.
- Complete application form # DBPR ELC 2- Application for Licensure as an Employee Leasing Company.
 - Complete Section XII- Historical Sketch, on pages 15-17 of this application packet. Rule 61G7-5.0012, Florida Administrative Code requires that all applicants complete this form to disclose individuals who directly or indirectly control a specified percentage of voting stock, and/or are directors or principal officers of the applicant or its ultimate parent. The following individuals are required to submit Historical Sketches:
 - Individuals directly or indirectly controlling 20% or more of the voting stock of the applicant or ultimate parent, if the applicant or its ultimate parent is a publicly traded company.
 - Individuals directly or indirectly controlling 10% or more of the voting stock of the applicant or ultimate parent, if the applicant or its ultimate parent is a closely held company.
 - All directors or principal officers of the applicant or its ultimate parent.
 - For more information about Historical Sketch reporting requirements see Rule 61G7-5.0012, Florida Administrative Code.
 - **NOTE: Any individual who holds a current controlling person license or who will**

be submitting a controlling person application with this packet DOES NOT need to complete a historical sketch.

- Make additional copies as necessary.
 - Complete the controlling person application, Form # DBPR ELC 1, on pages 24-32 of this application packet, for each person who will need to be licensed as a controlling person for this employee leasing company who is not already a licensed controlling person. Make additional copies as necessary.
 - Complete and sign the Quarterly Compliance Form, Form # DBPR EL 4522, on page 18 of this application packet.
 - Health Insurance Statement (Form # DBPR EL 4507, page 18 of this packet) completed by your insurance provider stating that the plan of insurance is a fully-insured plan. If the insurance provider refuses to sign the statement, you must provide a complete copy of each health insurance policy. This is only required if providing health insurance to leased employees.
 - Complete a Cross Guarantee Form, Form # DBPR EL 4518, on pages 20-21 of this application packet.
- Submit all required Exhibits and label them according to their exhibit number.

Required Exhibits: Please attach the following documents and label them as the exhibit numbers indicated.

Note: ALL exhibits must be attached or enclosed. If the documents requested in a particular exhibit do not apply to you, submit a page referencing that exhibit number and include on that page an explanation as to why the requested information does not apply. Please submit ALL documentation on 8 ½ x 11 paper.

Exhibit 1: Certificate of Good Standing or Authority from Florida Secretary of State's office. For more information on how to obtain this document, contact the Secretary of State, Division of Corporations at 850.488.9000.

Exhibit 2: Workers' Compensation Certificate of Insurance (COI). Attach a COI from the workers' compensation insurance provider for each policy held. The provider must be an admitted carrier in the State of Florida. **The COI must name the employee leasing company as the insured, name the Board of Employee Leasing Companies (including address) as the certificate holder, include a 30-day notice of cancellation, bears the signature of an authorized representative of the insurance provider, and state that it covers all leased employees in this state.**

Exhibit 3: Contractual Agreement- Attach a copy of the contractual agreement which will be used after licensure to engage in employee leasing with client companies. The agreement must meet the requirements of Section 468.525(4), Florida Statutes. A contract provisions checklist is included in this application packet (page 14) to help applicants comply with this requirement. Please complete and submit the Contract Provisions Checklist along with a copy of the contractual agreement. **Note: Each contract must exactly reflect the name of the company applying for licensure.**

Exhibit 4: Accrual Basis Financial Statements.

- Attach accrual basis financial statements as determined by generally accepted accounting principles as of the date of the most recent fiscal year end. The financial statements shall include a **Balance Sheet, Statement of Income and Retained Earnings, Statement of Cash Flows, and Notes to the Financial Statements.** The financial statements are to reflect positive working capital and a minimum \$50,000 tangible accounting net worth.
- The financial statements must be audited or reviewed by an independent certified public accountant. If the leasing company has a gross Florida payroll of \$2,500,000 or above, audited financial statements are required. If gross Florida payroll is less than \$2,500,000, reviewed financial statements are acceptable.
- Be advised that even if you are a newly organized company or an older inactive company, you must still comply with the audit or review requirement. In cases where the company has not been in existence long enough to have fiscal year-end financial statements, you must provide audited or reviewed financial statements as of a given quarter end or month end.
- If your fiscal year end was more than 120 days from the date you filed this application, provide the fiscal year-end statements **and a statement from management certifying that there have been no material adverse changes in the financial position of the company since the date of the last financial statements.** It is suggested that you also provide a recent interim financial statement which reflects the current financial status of the company. The interim financial statements need not be audited or reviewed.

Exhibit 5: Copies of UCT-6 Forms. The UCT-6 form is the Florida Department of Revenue Employer's Quarterly Report form. This form will be used to determine the amount of assessment due. Please attach a copy of the UCT-6 forms filed with the Florida Department of Revenue for the preceding calendar year. In the event no wages were paid during the preceding calendar year, please provide a statement from management stating such.

Exhibit 6: State Taxes Letter of Good Standing. If domiciled outside the State of Florida or if you have operations in other states, provide documentation from each state as evidence that payroll taxes, unemployment taxes, etc., are current in those states.

Exhibit 7: State License Letter of Verification/Good Standing. Please submit a letter of verification/good standing for each state in which you hold a license to practice as an employee leasing company/group.

Exhibit 8: IRS Form 8821. Complete [IRS Form 8821](#) for each employee leasing company. Return the completed form(s) with your application. It may be forwarded to the Internal Revenue Service (IRS) for processing. The purpose of this form is to determine if there are any delinquent taxes or penalties due from the employee leasing company.

Complete the following items on the form:

Instructions for completing IRS Form 8821:

Complete the following items on the form:

1. Taxpayer information
 - o This must be the name of the applicant.
2. Appointee
 - o This must be named Florida Department of Business and Professional Regulation - Employee Leasing Board, 2601 Blair Stone Rd., Tallahassee, FL, 32399.
3. Tax matters:
 - o The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. You must list forms 940 and 941 as well as any additional forms the applicant will be filing.
 - o Year(s) or period(s) must include the current year, past two (2) years and three (3) future tax periods.
4. Complete # 4 specific use not recorded on centralized authorization file.
 - o You must check off # 4 on this section.
5. The applicant must sign and date this section of the form.

Exhibit 9: Cross Guarantee Form, DBPR EL 4518. This form must include all companies in the group.

Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1. Application Instructions by section

a. Section I- Application Type

- i. Select "Applying as a Group Leader" if you will be applying as the group leader.
- ii. Select "Applying as Member of a NEW Group License" if you will be applying to form a new employee leasing company group that has not been previously licensed.
- iii. Select "Applying as Member of an Existing Group License" if you will be joining an existing employee leasing company group. Provide the group license number.
- iv. Provide the information for the leader of the employee leasing company group.

b. Section II- Company Information

- i. Fill out each section completely.
- ii. In the Company Name section, applicants must provide their full legal name as filed with the Secretary of State, Division of Corporations. Do not use any nicknames, aliases, or initials.
- iii. If your company plans to operate under a fictitious name, list the fictitious name as listed on the certificate from the Secretary of State's office that you have been approved to do business under this name.
- iv. A Federal Employer ID Number (FEID) is required in order to apply for a company license within the Department of Business and Professional Regulation.

- v. Provide the Unemployment Tax Identification Number given by the Florida Division of Unemployment Compensation or the Internal Revenue Service.
- vi. Please select the type of business of the employee leasing company
- vii. Provide the Corporation Identification Number, Organization Date and Fiscal Year End of company as listed with the Florida Division of Corporations.
- viii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- ix. Provide the company location address if different from the mailing address.
- x. Provide a contact name, valid phone number and email address. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve. Providing your email address is a public record.
- xi. Provide the Registered Agent information for the company as designated with the Florida Secretary of State's office.

c. Section III- Company Ownership

- i. Provide the names, addresses, titles, social security numbers, and percentage of ownership which totals 100% of the company's ownership. Officers, managers, and controlling persons must also provide this information.
- ii. If already licensed as a controlling person, provide the license number. If not, answer if you will or will not be submitting a controlling person application packet.

d. Section IV- Company Background Information

i. Question 1:

- 1. (a) If you answer "yes" to this question, you must complete Section V [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- 2. (b) If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application by explaining the nature of the license, registration or certification refusal.
- 3. (c) If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application by providing an explanation for the action against your license and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- 4. (d) If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application by explaining the nature of the bankruptcy. If a judgment was entered, please supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- 5. (e) If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application by explaining the nature of the case and the allegations made against the entity you were affiliated with. If a judgment was entered against the entity, please supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.

ii. Question 2:

- 1. If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application by explaining the reason for investigation or pending disciplinary action. You may be asked to supply copies of documentation ordering the investigation or pending disciplinary action.

iii. Question 3:

- 1. If you answer "yes" to either 3(a) or 3(b) of this question, you must complete Section VI and VII [*make additional copies as necessary*] of the application and provide the information asked in the section.

- e. **Section V- Explanation(s) for Background Question 1(a)**
 - i. Provide the information requested regarding the offense. Include supporting documentation as requested in Section III.
- f. **Section VI- Explanation(s) for Background Questions 1(b-e) and 2**
 - i. Provide the information requested regarding the occurrence. Include supporting documentation as requested in Section III.
- g. **Section VII- Explanation for Background Question 3**
 - i. Provide the information requested regarding your insurance coverage.
- h. **Section VIII- Health Insurance Information**
 - i. Provide the policy or contract number, name of carrier or service provider, effective dates of coverage, and name and address of agent if you plan to offer health insurance, including dental, to leased employees in the state of Florida.
 - ii. If you answered "yes" to Question 3 (a) or (b) in Section III this must be completed.
- i. **Section IX- Workers' Compensation, Unemployment Compensation, and Payroll Tax Disclosure**
 - i. Provide information as it relates to obligations for workers' compensation. This includes any amounts under dispute.
 - ii. Provide information about taxes paid to the State of Florida under the unemployment tax account listed on page three (3) of the application.
- j. **Section X- Affirmation by Written Declaration**
 - i. The applicant must sign the affirmation by written declaration.
- k. **Section XI- Contract Provisions Checklist**
 - i. This checklist is to assist in the drafting of the client service agreement which will be used after licensure to engage in employee leasing with client companies.
 - ii. The contractual agreement must meet the requirements of Chapter 468 Part XI, F.S. particularly Section 468.525(4), F.S.
- l. **Section XII- Historical Sketch**
 - i. This form must be completed by all individuals who directly or indirectly control a specified percentage of voting stock, and/or are directors or principal officers of the applicant or the ultimate parent.
 - ii. Provide the name, date of birth, Social Security number, and relationship to the applicant.
 - iii. Provide the mailing address of the individual completing the historical sketch form.
 - iv. Provide a list of all business entities or organizations with which you are presently affiliated.
 - v. If you answer "yes" to any of the background questions, you must provide a statement of the charges and facts of the case, together with the name and location of the courts in which the proceedings were held or are pending.
 - vi. Provide a list of each employer within the past four years.
 - vii. Provide the company name, type of business and address of the employer for which employment is being provided.
 - viii. Provide the individual's title and dates of employment.
- m. **Section XIII- Affirmation by Written Declaration for Historical Sketch**
 - i. The applicant must sign the affirmation by written declaration.

State of Florida
Department of Business and Professional Regulation
Board of Employee Leasing Companies
Application for Licensure as an Employee Leasing Company Group
Form # DBPR ELC 3

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

For additional information see the Instructions at the beginning of this application.

Section I – Application Type

| APPLICATION TYPE | | | |
|--|-------|----------|--------------|
| <input type="checkbox"/> Applying as a Group Leader [6303/1030] <input type="checkbox"/> Applying as Member of a NEW Group License [6304/1030] <input type="checkbox"/> Applying as Member of an EXISTING Group License: Group License Number: _____ [6304/1030] | | | |
| GROUP LEADER INFORMATION | | | |
| Group Leader (primary company) Name: | | | |
| Street Address | | | |
| City | State | Zip Code | |
| Email Address (optional) | | | Phone Number |

Section II – Company Information

| COMPANY INFORMATION | | | |
|--|-------|---|------------------|
| Company Name: | | | |
| Doing Business As (D/B/A): | | | |
| Federal Employer ID Number (FEID): | | Unemployment Tax Identification Number: | |
| Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify): _____ | | | |
| Corporation Identification Number with Florida Division of Corporations: | | Organization Date: | Fiscal Year End: |
| MAILING ADDRESS | | | |
| Street Address or P.O. Box | | | |
| | | | |
| City | State | Zip Code | |
| County (if Florida address) | | Country | |
| COMPANY LOCATION ADDRESS | | | |
| Street Address | | | |
| | | | |
| City | State | Zip Code | |
| County (if Florida address) | | Country | |
| COMPANY CONTACT INFORMATION | | | |
| Contact Name: | | | |
| Phone Number of Contact | | E-Mail Address of Contact (optional) | |



Section II – Company Information (continued)

| REGISTERED AGENT INFORMATION | | |
|------------------------------|---------|----------|
| Name of Registered Agent: | | |
| Street Address or P.O. Box | | |
| City | State | Zip Code |
| County (if Florida address) | Country | |

Section III – Company Ownership (attach additional copies as necessary)

| OWNER INFORMATION | | | |
|--|------------------------|---|---------------------------|
| OWNERS, OFFICERS, MANAGERS AND CONTROLLING PERSONS- | | | |
| Please print below the names, mailing addresses, titles and percentage of ownership and telephone numbers of each person. COMPLETE A CONTROLLING PERSON APPLICATION ON EACH LISTED PARTY WHO QUALIFIES AS A "CONTROLLING PERSON" pursuant to Section 468.520(7), Florida Statutes. | | | |
| CORPORATION- | | | |
| If the applicant is owned by another corporate entity, attach a separate schedule providing information on the officers of the parent firm(s) and <u>ultimate owners</u> (natural persons), as indicated above. | | | |
| OWNERSHIP INFORMATION | | | |
| Last Name | First | Middle | Suffix |
| Address | | | |
| Title | Social Security Number | Telephone Number | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide license number: _____ | | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OWNERSHIP INFORMATION | | | |
| Last Name | First | Middle | Suffix |
| Address | | | |
| Title | Social Security Number | Telephone Number | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide license number: _____ | | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OWNERSHIP INFORMATION | | | |
| Last Name | First | Middle | Suffix |
| Address | | | |
| Title | Social Security Number | Telephone Number | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide license number: _____ | | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OWNERSHIP INFORMATION | | | |
| Last Name | First | Middle | Suffix |
| Address | | | |
| Title | Social Security Number | Telephone Number | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide license number: _____ | | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section III – Company Ownership (continued)

| OWNERSHIP INFORMATION | | | |
|---|------------------------|---|---------------------------|
| Last Name | First | Middle | Suffix |
| Address | | | |
| Title | Social Security Number | Telephone Number | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide license number: _____ | | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OWNERSHIP INFORMATION | | | |
| Last Name | First | Middle | Suffix |
| Address | | | |
| Title | Social Security Number | Telephone Number | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide license number: _____ | | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OWNERSHIP INFORMATION | | | |
| Last Name | First | Middle | Suffix |
| Address | | | |
| Title | Social Security Number | Telephone Number | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide license number: _____ | | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, 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. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

Section IV – Company Background Information

| COMPANY BACKGROUND INFORMATION | | | |
|---|--|-----------------------------|---|
| Has the company, any controlling person, or any owner of the company: | | | |
| 1. | Yes <input type="checkbox"/> (If yes, please complete Section V) | No <input type="checkbox"/> | (a) Ever been convicted or found guilty -regardless of adjudication- of a crime in any jurisdiction, or have you ever been a defendant in a military court martial? (Do not include parking or speeding violations.) |
| | Yes <input type="checkbox"/> (If yes, please complete Section VI) | No <input type="checkbox"/> | (b) Ever been refused a professional license, registration or certification in any state? |
| | Yes <input type="checkbox"/> (If yes, please complete Section VI) | No <input type="checkbox"/> | (c) Ever had a professional license, registration or certification revoked, suspended, or otherwise acted against including probation, fine, or reprimand in a disciplinary proceeding in any state? |
| | Yes <input type="checkbox"/> (If yes, please complete Section VI) | No <input type="checkbox"/> | (d) Ever filed for protection under the Bankruptcy Act? |
| | Yes <input type="checkbox"/> (If yes, please complete Section VI) | No <input type="checkbox"/> | (e) Ever been involved in or owned an interest in an entity that has been adjudicated bankrupt, filed proceedings under the Bankruptcy Act, or otherwise closed due to insolvency? |
| 2. | Yes <input type="checkbox"/> (If yes, please complete Section VI) | No <input type="checkbox"/> | Is any employee leasing company (or other professional) license, registration or certification under investigation or pending disciplinary action in any state? |
| 3. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Are benefits provided to any leased employees in the State of Florida for life, health or disability claims? |
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (a) Are you currently providing coverage to any leased employees <u>in the State of Florida</u> under a plan which is not fully insured? |
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (b) Are you currently providing coverage to any leased employees <u>outside the State of Florida</u> under a plan which is not fully insured? |
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (c) Do you plan to provide coverage in the State of Florida within three months of being licensed? |

If you answered "YES" to questions 1 – 2 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize Section V for your responses to question 1(a) and Section VI for your responses to questions 1(b-e) and 2. If you need additional response sections for Section V or VI, please make additional copies of those sections and submit them with your application.

Section V – Explanation(s) for Background Question 1(a)

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |
| | |

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |
| | |

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |
| | |

Section VII – Explanation for Background Question 3

| EXPLANATION FOR BACKGROUND QUESTION 3 | | |
|---|----------------------|----------|
| <u>If you checked YES for either 3(a) or 3(b), please provide the following information:</u> | | |
| Name of Insurance Company and/or TPA | | |
| Address | Phone # | |
| City | State | Zip Code |
| *Stop Loss Carrier | | |
| Specific Stop Loss Limit \$ | | |
| *Do you carry aggregate stop loss insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| If you checked YES above, what is the aggregate attachment point? | | |
| Are reserves for claims included in applicant's financial statements submitted with this application? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Ending date of the plan year: | | |
| Date of last IRS form 5500 filed: | For plan year ended: | |
| *If no specific or aggregate stop loss insurance, attach actuarial computation attested by certified actuary as to current liability under the plan. | | |

Section VIII – Health Insurance Information

| HEALTH INSURANCE SCHEDULE (including Dental) | | | |
|---|--------------|-------------------------|-------------------------|
| COMPLETE THE INSURANCE SCHEDULE BELOW LISTING ALL PLANS OFFERED to leased employees in the state of Florida including: policy or contract number, name and address of the carrier or service provider, effective dates of coverage, name and address of agent, name of plan sponsor, and ERISA plan identification number. | | | |
| Plans of Insurance offered by: _____ (Name of Applicant) | | | |
| Policy Number | Carrier/Plan | Effective Dates To-From | Name & Address of Agent |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |

IF ANY INFORMATION ON THE APPLICATION CHANGES, THE APPLICANT OR LICENSEE SHALL SUBMIT SUCH CHANGES TO THE DEPARTMENT WITHIN THIRTY (30) DAYS AFTER THE DATE OF SUCH CHANGE.

Section IX – Workers’ Compensation, Unemployment Compensation, and Payroll Tax Disclosure

| WORKERS’ COMPENSATION | | | |
|--|---------------|----------------|-----------------|
| Section 468.529(4), Florida Statutes, requires that all obligations for workers’ compensation be paid at the time of application except for amounts under dispute. Amounts under dispute must be disclosed on the application. | | | |
| All premiums due as of this date have been fully paid to all Workers’ Compensation insurance carriers: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If “No,” please disclose all disputed premiums below: | | | |
| Carrier | Policy Number | Period Covered | Disputed Amount |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| UNEMPLOYMENT COMPENSATION AND PAYROLL TAXES | | | | |
|--|----------------|--------|---|--|
| Section 468.529(4), Florida Statutes, requires that all obligations for payroll related taxes be paid at the time of application. Delinquent amounts and any amounts under dispute must be disclosed on the application. | | | | |
| All State and Federal payroll related tax obligations due as of this date have been fully paid: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If “No,” please disclose all delinquent or disputed amounts below: | | | | |
| State/Federal | Period Covered | Amount | Disputed/Delinquent | Repayment Plan |
| | | | <input type="checkbox"/> Disputed <input type="checkbox"/> Delinquent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Disputed <input type="checkbox"/> Delinquent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Disputed <input type="checkbox"/> Delinquent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Disputed <input type="checkbox"/> Delinquent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Disputed <input type="checkbox"/> Delinquent | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section X –Affirmation by Written Declaration

| AFFIRMATION BY WRITTEN DECLARATION | |
|---|-------|
| I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license. | |
| Signature: | Date: |
| Print Name: | |

Section XI – Contract Provisions Checklist

| CONTRACT PROVISIONS CHECKLIST | |
|---|--|
| Company Name: | |
| By statute, or rule, the provisions below must be included in all employee leasing company contracts. This form is designed to assist you in insuring that your contract is in compliance with statutory requirements. Please complete and return it along with your contract. (Please also underline or highlight these provisions in your contract.) | |
| Statute/Rule Provision | Indicate where the provision is found in your contract (Page & Section) |
| 468.525(4)(a): The leasing company (LC) reserves a right of direction and control over leased employees assigned to the client's location | Page: Section: |
| 468.525(4)(b): The LC assumes responsibility for the payment of wages to leased employees without regard to payments by client to the leasing company | Page: Section: |
| 468.525(4)(c): The LC assumes full responsibility for payment of payroll taxes and collection of payroll taxes and collection of taxes from payroll on leased employees | Page: Section: |
| 468.525(4)(d): The LC retains authority to hire, terminate, discipline, and reassign the leased employees. However, the client company may have the right to accept or cancel the assignment | Page: Section: |
| 468.525(4)(e): The LC retains a right of direction and control over management of safety, risk, and hazard control at the worksite or sites affecting its leased employees, including: | Page: Section: |
| 1. Responsibility for performing safety inspections of client equipment and premises | Page: Section: |
| 2. Responsibility for the promulgation and administration of employment and safety policies | Page: Section: |
| 3. Responsibility for the management of workers' compensation claims, claims filings, and related procedures | Page: Section: |
| 468.525(4)(f): The contract must state that the LC has given written notice of the relationship between the employee leasing company and the client company to each leased employee it assigns to perform services at client's location | Page: Section: |
| 468.529(1): LC is responsible for providing workers' compensation coverage | Page: Section: |
| 61G7-12.001: Right of both the LC and its assigns to conduct an annual onsite physical examination of client who is or was subject to an applicable employee leasing contractual relationship | Page: Section: |

Section XII – Historical Sketch

Rule 61G7-5.0012, Florida Administrative Code requires that all applicants complete this form to disclose individuals who directly or indirectly control a specified percentage of voting stock, and/or are directors or principal officers of the applicant or its ultimate parent. The following individuals are required to submit Historical Sketches:

- Individuals directly or indirectly controlling 20% or more of the voting stock of the applicant or ultimate parent, if the applicant or its ultimate parent is a publicly traded company.
- Individuals directly or indirectly controlling 10% or more of the voting stock of the applicant or ultimate parent, if the applicant or its ultimate parent is a closely held company.
- All directors or principal officers of the applicant or its ultimate parent.
- For more information about Historical Sketch reporting requirements see [Rule 61G7-5.0012, Florida Administrative Code](#).
- **NOTE: Any individual who holds a current controlling person license or who will be submitting a controlling person application with this packet DOES NOT need to complete a historical sketch.**

| PERSONAL INFORMATION | | |
|---|-------------------------|------------------------|
| I, _____, submit the following information to the Department of Business and Professional Regulation and the Board of Employee Leasing Companies for its use as a part of the employee leasing company license application filed by _____, pursuant to Chapter 468, Florida Statutes. | | |
| Other names by which you have been known: | | |
| Date of Birth | Social Security Number* | |
| Relationship to Applicant: (Office held, % of ownership, etc.) | | |
| MAILING ADDRESS | | |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |
| County | Country | |
| OTHER BUSINESS AFFILIATIONS | | |
| Provide a list of all business entities or organizations with which you are presently affiliated. Attach additional list if necessary. If none, so state. | | |
| Business Name & Location | Nature of Business | Affiliation |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

*Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal Statute. In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 455.203(9), 409.2577, and 409.2598, 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, Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec 317.

Section XII – Historical Sketch (continued)

| BACKGROUND QUESTIONS | | |
|--|--|--|
| Have you, or any entity of which you are, or were then, a principal officer, director, or principal, been the subject of a governmental enforcement action within the last seven years? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you, or any entity of which you are, or were then, a principal officer, director, or principal, had a license to operate revoked, suspended, denied, or otherwise acted against within the last seven years? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you, or any entity of which you are, or were then, a principal officer, director, or principal, been subject to bankruptcy proceedings or had a judgment filed against you or the entity, either present, past or pending? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If any of the questions above are answered “ YES ,” please provide a statement of the charges and facts of the case(s), together with the name and location of the court(s) in which the proceedings were held or are pending. | | |
| By affixing my signature to this form, I hereby agree that the Department of Business and Professional Regulation and the Board of Employee Leasing Companies may make full inquiry of each of the below named persons and all former employers and all other persons concerning my business, professional or moral character and reputation, including the procurement of letters, statements or affidavits concerning the same that may be deemed pertinent to a determination of my qualifications for registration under Chapter 468, Florida Statutes, and do specifically waive all claims, damages, rights of action or causes of action that might otherwise accrue to me against any of said persons, resulting or arising from, or by reason of, any and all statements of fact or opinion given in good faith concerning me expressed by any of them in reply to any inquiry made by, or under direction of, the department or the board, whether the same be responsive to, or necessarily required by, such inquiry or not, and that all such statements shall be deemed privileged and not actionable by me unless such statements are, in fact, willfully made and falsely given with malice toward me. I understand that this inquiry may include a criminal background check through the Florida Department of Law Enforcement and the National Criminal Information Center (NCIC). | | |
| EMPLOYMENT HISTORY | | |
| Provide your employment history for the past ten (10) years. | | |
| Name of Present or Last Employer | | |
| Type of Business | | |
| Address (Street and Number) | | |
| City | State | Zip Code (+4 optional) |
| Your Job Title | Dates of Employment From: ___/___/___ To: ___/___/___ | |
| EMPLOYMENT HISTORY | | |
| Provide your employment history for the past ten (10) years. | | |
| Name of Present or Last Employer | | |
| Type of Business | | |
| Address (Street and Number) | | |
| City | State | Zip Code (+4 optional) |
| Your Job Title | Dates of Employment From: ___/___/___ To: ___/___/___ | |

Section XII – Historical Sketch (Employment History continued)

| EMPLOYMENT HISTORY | | |
|--|--|------------------------|
| Provide your employment history for the past ten (10) years. | | |
| Name of Present or Last Employer | | |
| Type of Business | | |
| Address (Street and Number) | | |
| City | State | Zip Code (+4 optional) |
| Your Job Title | Dates of Employment From: ___/___/___ To: ___/___/___ | |
| EMPLOYMENT HISTORY | | |
| Provide your employment history for the past ten (10) years. | | |
| Name of Present or Last Employer | | |
| Type of Business | | |
| Address (Street and Number) | | |
| City | State | Zip Code (+4 optional) |
| Your Job Title | Dates of Employment From: ___/___/___ To: ___/___/___ | |

Section XIII –Affirmation by Written Declaration For Historical Sketch

| AFFIRMATION BY WRITTEN DECLARATION | |
|--|-------|
| <p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p> | |
| Signature: | Date: |
| Print Name: | |

**State of Florida
 Department of Business and Professional Regulation
 Board of Employee Leasing Companies
 Quarterly Compliance Form
 Form # DBPR EL 4522 as part of ELC 3**

The undersigned persons hereby certify that they have made due inquiry of their employee leasing company or group's books and records and that after making such due inquiry, the undersigned persons have taken reasonable steps, as set forth in Rules 61G7-10.0014(3)(b)1-2, Florida Administrative Code to ascertain that all leased employees of their employee leasing company or group have workers' compensation coverage as required by Rules 61G7-10.0014(2)(a)-(c), Florida Administrative Code.

The percentage of leased employees in the State of Florida who are covered by each of the methods set forth in Rule 61G7-10.0014(2)(a)-(c), Florida Administrative Code, are as follows:

- a. Through a contractual relationship between the employee leasing company or group and an insurance carrier that is admitted in the State of Florida to provide workers' compensation coverage to leased employees: _____ percent. Set forth carrier name and workers' compensation policy numbers: _____
- b. Through a lawful plan of self-insurance maintained by the employee leasing company or group which provides workers' compensation coverage to leased employees: _____ percent.
- c. Through the client of the employee leasing company or group via an insurance carrier that is admitted in the State of Florida to provide workers' compensation coverage to leased employees or through a lawful plan of self-insurance maintained by a client of the employee leasing company or group which provides workers' compensation coverage to leased employees: _____ percent. Set forth all clients' names (named insured) utilizing their own workers' compensation policy, the carriers' names, the effective date of the policy, the expiration date of the policy, and the workers' compensation policy numbers: _____
- i. For any client which utilizes a workers' compensation policy or plan of self-insurance maintained by the client, the undersigned persons have verified that the written employee leasing contract between the employee leasing company and the client specifically authorizes this lawful arrangement. Also, the undersigned persons have verified the employee leasing company is named as a certificate holder by the client on the workers' compensation policy maintained by the client. Additionally, where the client maintains its own workers' compensation policy or lawful plan of self-insurance, the undersigned persons have verified that the employee leasing company has provided notice to the leased employees that workers' compensation coverage is being provided by the client.
- d. Set forth all other workers' compensation arrangements: _____ percent. Explain any such arrangement in detail.

The following persons understand and agree that they: have executed this document for and on behalf of the employee leasing company or group named above; that they are all of the controlling persons, the Chief Executive Officer, the Chief Financial Officer and the Chairman of the Board of the employee leasing company or group, that each is fully authorized to execute and file this statement; and that to the best of their knowledge, the information contained in the attestation statement is true and correct.

| | |
|-------------------------|------------|
| Chief Executive Officer | Print Name |
| Chairman of the Board | Print Name |
| Chief Financial Officer | Print Name |
| Controlling Person | Print Name |

State of Florida
Department of Business and Professional Regulation
Board of Employee Leasing Companies
Health Insurance Statement
Form # DBPR EL 4507 as part of ELC 3

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

| TO BE COMPLETED BY REPRESENTATIVE OF INSURANCE CARRIER (INSURER) |
|---|
| <p>I, _____, state:</p> <p>1. I am employed by _____ (name of employer), as _____ (position). _____ (name of employer), is an admitted insurance carrier in the State of Florida. I possess the authority to make the following statements on behalf of _____ (name of employer) and to bind _____ (name of employer) concerning the statements made herein.</p> <p>2. It is my understanding that, as a requirement for licensure as an employee leasing company in Florida, an employee leasing company may not sponsor a plan of self-insurance for health benefits except as may be permitted by the provisions of the Florida Insurance Code or, if applicable, by Pub. L. No. 93-406, the Employees Retirement Income Security Act.</p> <p>_____ (name of insurer) Group Insurance Policy # _____, issued to _____ (name of leasing company), is in compliance with the requirements of this law as it is a fully insured insurance product which is fully insured by _____ (name of insurer). Notwithstanding any provision in this policy which could be interpreted to the contrary, _____ (name of insurer) is ultimately fully responsible for all incurred claims under the terms of the policy.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Signature of Insurance Personnel</i></p> |

Please send the completed form to:

Department of Business and Professional Regulation
2601 Blair Stone Rd.
Tallahassee, FL 32399-0783

www.MyFloridaLicense.com

**State of Florida
 Department of Business and Professional Regulation
 Board of Employee Leasing Companies
 Board Approved Guaranty Form
 Form # DBPR EL 4505 as part of ELC 3**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

| TO BE COMPLETED BY THE GUARANTOR | | | |
|---|-------------------|--|-------------------------------------|
| <p>If Guarantor is a company or bank, attach Guarantor's <i>audited</i> financial statements. If Guarantor is an individual, attach Guarantor's <i>reviewed</i> financial statements.</p> <p>FOR VALUE RECEIVED, I hereby guarantee payment of all indebtedness of _____, but not to exceed _____, (employee leasing company)</p> <p>the sum of _____ Dollars (\$ _____), (amount in excess of deficiency in employee leasing company accounting net worth or net working capital, whichever is greater)</p> <p>to the obligees of _____ as they may appear. (employee leasing company)</p> <p>Such guaranty shall be irrevocable until such time that the deficiency causing the guaranty has been corrected, as demonstrated by Guarantor's annual financial statements, meeting the requirements of either Rule 61G7-5.0031, F.A.C or Rule 61G7-5.0032, F.A.C., or until a new guaranty has been submitted and found acceptable by the Board to replace the previously submitted guaranty.</p> <p>I waive diligence on the part of said obligees in the collection of that indebtedness, and agree that said obligees shall be under no obligation to notify me of the acceptance of the guaranty or of any credit extended on the face of this guaranty or of any renewals or extensions of the indebtedness. Said obligees shall have the privilege of granting such renewals and extensions as it may deem proper. I further expressly waive notice of nonpayment, protest, and notice of protest with respect to the indebtedness covered by this guaranty. I further agree to pay any costs of collection, including attorney's fees incurred by said obligees in connection with the enforcement of this guaranty.</p> <p>It shall not be necessary for said obligees, in order to enforce payment by me of the indebtedness, to first institute suit or to pursue or exhaust its remedies against _____ or against any other security which said obligees may have. (employee leasing company)</p> <p>I acknowledge that this guaranty is in effect and binding on myself without reference to whether it is signed by any other person or persons. I agree that as to myself, the guaranty shall continue in full force and effect notwithstanding the death or the release by agreement or by operation of law of, or the extension of time to, any other guarantor or guarantors as to obligations then existing.</p> <p>My liability hereunder shall not be affected or impaired by the existence, from time to time, of an indebtedness or liability of _____ to said obligees in excess of the amount of the guaranty. (employee leasing company)</p> <p>This agreement is to be performed in the County of _____, State of Florida, and any suit on this guaranty or for any breach of this guaranty may be brought and prosecuted in the courts of that county or of the County of Leon, State of Florida.</p> | | | |
| GUARANTOR | | | |
| <p>Executed _____, 20____ Guarantor is a: <input type="checkbox"/> Company <input type="checkbox"/> Bank <input type="checkbox"/> Individual</p> | | | |
| <p>Print Name of Guarantor _____</p> | | <p>Signature of Guarantor (or Authorized Representative if Guarantor is a Company or Bank) _____</p> | |
| <p>The Relationship of Guarantor or Authorized Representative to the Employee Leasing Company: _____</p> | | | |
| GUARANTOR ADDRESS | | | |
| <p>Street Address or P.O. Box _____</p> | <p>City _____</p> | <p>State _____</p> | <p>Zip Code (+4 optional) _____</p> |

**State of Florida
 Department of Business and Professional Regulation
 Board of Employee Leasing Companies
 Approved Language for Employee Leasing Company Letter of Credit
 Form # DBPR EL 4517 as part of ELC 3**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.

| EMPLOYEE LEASING COMPANY LETTER OF CREDIT | | |
|---|---|------------------------|
| For Account of: _____ (Employee Leasing Company (ELC) Name) | | |
| BANK ADDRESS | | |
| Bank Name | | |
| Bank Address | | |
| City | State | Zip Code (+4 optional) |
| <p>We hereby establish our irrevocable Letter of Credit # _____, effective _____ (date), in the name of _____ (ELC), a Florida corporation, and authorize the Florida Department of Business and Professional Regulation, Board of Employee Leasing Companies, to draw on this Letter of Credit up to the amount of \$ _____ when presented. It is understood that the Department of Business and Professional Regulation, Board of Employee Leasing Companies, will provide written authorization that _____ (ELC) has incurred a liability, and that monies represented are required for payment thereof.</p> <p>This Letter of Credit is issued so that _____ (ELC) may meet the financial requirements of the Department of Business and Professional Regulation, and may be presented when _____ (ELC) is in violation of tangible accounting net worth and/or net working capital requirements as set forth in section 468.525(3)(d), Florida Statutes. Except as otherwise expressly stated herein, this advice is subject to the Uniform Customs and Practice for Commercial Documentary Credits (1983 Revision) fixed by the International Chamber of Commercial Publication Number 400.</p> <p>It is a condition of this Letter of Credit that it shall be deemed automatically extended without amendment for one year from the present or any future expiration date hereof, unless at least sixty (60) days before any such expiration date we send notice to the Department of Business and Professional Regulation, that we elect not to renew this Letter for such additional period.</p> | | |
| Countersigned: | Sincerely: | |
| By: _____ Printed Name of Vice President | By: _____ Printed Name of Sr. Vice President | |
| _____ Signature of Vice President | _____ Signature of Sr. Vice President | |

Please send your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Rd.
 Tallahassee, FL 32399-0783

www.MyFloridaLicense.com

State of Florida
Department of Business and Professional Regulation
Board of Employee Leasing Companies
Application for Licensure as an Employee Leasing Company Controlling Person
Form # DBPR ELC 1 as part of ELC 3

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

| APPLICATION REQUIREMENTS |
|--|
| <p>ALL License Applicants must submit:</p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> • Application fee: \$106.75 application fee. • Licensing fee: <ul style="list-style-type: none"> ○ \$600.00 licensing fee, if application is submitted in the first year of the biennium. The first year of the biennium period is from May 1st of every even-numbered year through April 30th of the following odd-numbered year. ○ \$300.00 licensing fee, if application is submitted in the second year of the biennium. The second year of the biennium period is from May 1st of every odd-numbered year through April 30th of the following even-numbered year. • Make check payable to the Florida Department of Business and Professional Regulation. <p><input type="checkbox"/> Electronic fingerprints.</p> <ul style="list-style-type: none"> • Electronic Fingerprinting is available at various convenient sites throughout the state. See http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf for more information. <p><input type="checkbox"/> Credit report on the applicant from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels.</p> <p><input type="checkbox"/> Submit a certified transcript of college credits if using college credit to meet the education requirements for licensure as a controlling person AND/OR complete a separate Verification of Employment (section V) for each employer within the past ten (10) years</p> <p><input type="checkbox"/> Complete an IRS Form 8821. (see Instructions below for details on completing IRS Form 8821)</p> <p><input type="checkbox"/> Supporting legal documentation, if necessary. See Section IV of Instructions.</p> |

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Rd.
Tallahassee, FL 32399-0783

BASIC QUALIFICATIONS FOR CONTROLLING PERSONS

- Be at least 18 years of age.
- Be of good moral character.
- Have the education, managerial, or business experience to successfully operate or be a controlling person of an employee leasing company.
- The "controlling person" of a business is defined as:
 - (a) any natural person who possesses, directly or indirectly, the power to direct or cause the direction of the management or policies of any employee leasing company, including, but not limited to: direct or indirect control of 50 percent or more of the voting securities of the employee leasing company; or the general power to endorse any negotiable instrument payable to or on behalf of the employee leasing company; or to cause the direction of the management or policies of any employee leasing company; or
 - (b) any natural person employed, appointed, or authorized by an employee leasing company to enter into a contractual relationship with a client company on behalf of the employee leasing company.

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

1) Application Instructions by section

a) Section I- Applicant Information

- i) Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- ii) In the Full Legal Name section, applicants must provide their full legal name. Do not use any nicknames, aliases, or initials.
- iii) Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv) Provide a valid phone number and email address. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve. Providing your email address is a public record.
- v) Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
- vi) Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

b) Section II- Company Information

- i) Provide the name and license number of the Employee Leasing Company for which you will be a controlling person. If the company is not licensed put "applied for" under the license number.

c) Section III- Education History

- i) Provide your education history by completing all applicable sections.
- ii) If you attended a school under a different name from that which you are using to apply for this license, please provide the name in the section provided.
- iii) Note that if you will use college credit to meet education requirements, a transcript of college credits will need to be included with your application.
 - (1) Provide the name and address for the institution attended.
 - (2) Provide the dates you attended and major/minor course of study and indicate whether you received a degree.

d) Section IV (a), (b), and (c) - Background Questions.

- i) Question 1:
 - (1) If you answer "yes" to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report and copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- ii) Question 2:
 - (1) If you answer "yes" to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by explaining the reason for denial or pending action. You may be asked to supply copies of documentation ordering the denial or pending action.
- iii) Question 3:
 - (1) If you answer "yes" to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by providing an explanation for the action against your license and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- iv) Question 4:
 - (1) If you answer "yes" to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by explaining the nature of the case and the allegations made against the entity you were affiliated with. If a judgment was entered

against the entity, please supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.

v) Question 5:

- (1) If you answer "yes" to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by providing an explanation for the action against the license of the entity you were affiliated with and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

vi) Question 6:

- (1) If you answer "yes" to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide an explanation of the charges or the nature of the case and the allegations made against you. Provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.

e) **Section V- Verification of Employment**

- i) Provide a separate verification of employment for each employer totalling ten (10) years of employment. Make additional copies as necessary.
- ii) The top portion of the section is to be completed by the applicant.
- (1) Provide your name, Social Security number, address, and telephone number.
- (2) Provide the company name and address of the employer for which employment will be verified.
- (3) Applicant must sign and date the top section.
- (4) Provide the dates of employment with employer for the applicant. If, presently working write "present" in the "To:" space.
- (5) Provide the applicant's title and position during employment.
- (6) Provide a brief description of your employment duties in the space provided.
- (7) Provide a reason why applicant ceased working for employer.
- (8) Provide any comments relevant to the applicant's experience qualifications for licensure as a controlling person for an employee leasing company.

f) **Section VI- Affirmation by Written Declaration**

- i) The applicant must sign the affirmation by written declaration.

Instructions for completing IRS Form 8821

Complete the following items on the form:

5. Taxpayer information
- o This must be the name of the applicant.
6. Appointee
- o This must be named Florida Department of Business and Professional Regulation - Employee Leasing Board, 2601 Blairstone Rd., Tallahassee, Fla. 32399.
7. Tax matters:
- o The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. You must list forms 940 and 941 as well as any additional forms the applicant will be filing.
 - o Year(s) or period(s) must include the current year, past two (2) years and three (3) future tax periods.
8. Complete # 4 specific use not recorded on centralized authorization file.
- o You must check off # 4 on this section.
5. The applicant must sign and date this section of the form.

State of Florida

**Department of Business and Professional Regulation
Board of Employee Leasing Companies
Application for Licensure as an Employee Leasing Company Controlling Person
Form # DBPR ELC 1 as part of ELC 3
[6301/1030]**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

For additional information see the Instructions at the end of this application.

Section I – Applicant Information

| APPLICANT INFORMATION | | | |
|---|---|------------------------|------------------|
| Social Security Number* | | | |
| FULL LEGAL NAME | | | |
| Last Name | First | Middle | |
| Birth Date (MM/DD/YYYY) / / | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| MAILING ADDRESS | | | |
| Street Address or P.O. Box | | | |
| | | | |
| City | State | Zip Code (+4 optional) | |
| County (if Florida address) | Country | | |
| CONTACT INFORMATION | | | |
| Phone Number | Fax Number | | |
| Email Address (optional) | | | |
| CURRENT/PRIOR LICENSE INFORMATION | | | |
| If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary): | | | |
| 1. License/Registration Type | State | Date (From) / / | Date (To) / / |
| License Number | | Name Used | |
| 2. License/Registration Type | State | Date (From) / / | Date (To) / / |
| License Number | | Name Used | |
| 3. License/Registration Type | State | Date (From) / / | Date (To) / / |
| License Number | | Name Used | |

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section I – Applicant Information continued

| PRIOR NAME INFORMATION | | | | |
|--|-------|--------|-------|--------|
| Have you used, been known as, or are currently known by another name (example - maiden name, nickname) or alias other than the name provided in the legal name section of the applicant information? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If your answer is yes, state name or names used below: | | | | |
| Last Name | First | Middle | Title | Suffix |
| Last Name | First | Middle | Title | Suffix |
| Last Name | First | Middle | Title | Suffix |

Section II – Company Information

| COMPANY INFORMATION |
|----------------------------------|
| Name of Employee Leasing Company |
| Company License Number |

Section III – Education History

| EDUCATION HISTORY | | | | |
|---|--|--|------------------------------|-----------------------------|
| Name/Address of High School | Received | | Date Received | |
| | <input type="checkbox"/> Diploma <input type="checkbox"/> GED | <input type="checkbox"/> Certificate of Completion <input type="checkbox"/> Other | | |
| Your name, if different from application: | | | | |
| Name/Address of College, University, or Professional School | Dates of Attendance (Month/Year) | Did you Graduate? | Degree(s) Received | Major/Minor Course of Study |
| | | | | |
| | | | | |
| Your name, if different from application: | | | | |
| If using college credit to meet the education requirements for licensure as a controlling person, a transcript of college credits should be included with the application. | | | | |
| Name/Address of Business, Technical, Trade, or Vocational School | Dates of Attendance (Month/Year) | Did you Graduate? | Diploma/Certificate Received | |
| | | | | |
| | | | | |
| Your name, if different from application: | | | | |

Section IV(a) – Background Questions

| BACKGROUND QUESTIONS | | | |
|---|------------------------------|-----------------------------|--|
| <p>If you answer "YES" to any question below, please refer to Section IV of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section IV (b) for your response to question 1, and complete Section IV (c) for your response to questions 2 through 6. If you have more offenses/incidents to document in Section IV (b) or (c), attach additional copies as necessary.</p> | | | |
| 1. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.</p> |
| 2. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Have you ever had an application for registration, certification, or licensure in Florida or in any other state, province, district, territory, possession or nation denied, or is there now pending a proceeding or investigation to deny such an application?</p> |
| 3. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Has any professional license, registration, certification or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined including probation, fine, or reprimand in a disciplinary proceeding in Florida or in any other state, province, district, territory, possession or nation, or is any such proceeding or investigation now pending?</p> |
| 4. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <p>Have you ever filed for personal bankruptcy or been involved in an entity that has been adjudicated bankrupt, filed proceedings under the Federal Bankruptcy Code or otherwise closed due to insolvency; or been an officer of an entity that has outstanding delinquent obligations for federal or state payroll taxes, health insurance premiums or workers' compensation premiums?</p> |
| 5. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <p>Have you ever been involved in an entity that voluntarily surrendered its license, registration, or certification in any state or jurisdiction in lieu of further investigation?</p> |
| 6. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <p>Have you ever been a defendant in a military court martial?</p> |

Section IV (b) – Explanation(s) for Background Question 1

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |
| | |

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |
| | |

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |
| | |

Section V – Verification of Employment

| TO BE COMPLETED BY APPLICANT | | | |
|--|-------------|-------------------------|-----------|
| Applicant Name: | | Social Security Number* | |
| Address: | | Phone Number: | |
| I am submitting an application to the Florida Department of Business and Professional Regulation for licensure as a controlling person of an employee leasing company. I have advised the Department of my employment with the following employer: | | | |
| Company Name | | | |
| Street Address | | | |
| City | | State | Zip |
| Dates of Employment (MM/DD/YYYY) | From: _____ | | To: _____ |
| Title & Position: | | | |
| Job Responsibilities: | | | |
| | | | |
| | | | |
| Reason For Leaving: | | | |
| Comments: | | | |
| | | | |
| | | | |
| Signature of Applicant: | | Date Signed: | |

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal Statutes. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654, and Sections 455.203(9), 409.2577, and 409.2598, 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. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

Section VI – Affirmation by Written Declaration

| AFFIRMATION BY WRITTEN DECLARATION | |
|---|-------|
| I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license. | |
| Signature: | Date: |
| Print Name: | |