

APPLICATION FOR HOME SOLICITATION PERMIT

Name of Applicant (Last) (First) (Middle)

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Date of Birth Age Place of Birth

Social Security Number Telephone Number
The Social Security Number is collected for purpose of criminal history record check.

Email Address TCN#

Driver License Number State of Issuance

Sex Race Height Weight Eyes Hair

Permanent Residence Address

Local Residence Address

Occupational License Number Issued by Date

Name of Applicant's Employer

Address of Applicant's Employer

Have you ever pled guilty, Nolo Contendere to any crime or been convicted of a crime? Yes No

If yes, what was the nature of the offense?

What was the disposition?

Certificate of Applicant
(Read carefully before signing)

I hereby certify that the answers given to the above questions and all statements in this application are true and I agree and understand that any misstatement of material fact contained in this application may be sufficient cause for refusal to consider the approval of said application and cause forfeiture on my part of all rights to apply for future permits.

I also authorize the Clerk of the Circuit Court, Volusia County, Florida and/or a Deputy Clerk, to submit this sworn application and a finger print card to the Florida Department of Law Enforcement for a criminal background investigation.

SWORN TO AND SUBSCRIBED before me
this day of

Signature of Applicant



LAURA E. ROTH
CLERK OF THE CIRCUIT COURT

By Deputy Clerk