



DEPARTMENT OF FINANCIAL SERVICES

Division of Agency & Agency Services - Bureau of Licensing

200 East Gaines Street, Larson Building Room 419

Tallahassee, FL 32399-0319

NEUTRAL EVALUATOR APPLICATION

EVALUATOR INFORMATION:

Last Name _____
First Name _____ Middle Initial _____
Social Security Number _____ - _____
Date of Birth _____
Place of Birth _____ State _____

HOME INFORMATION:

Street Address _____ Bldg # _____
City _____
State _____
Zip Code _____ - _____
Home Telephone Number (____) _____ - _____

BUSINESS INFORMATION:

Street Address _____ Bldg # _____
City _____
State _____
Zip Code _____ - _____
Home Telephone Number (____) _____ - _____

MAILING INFORMATION:

Street Address _____ Bldg # _____
City _____
State _____
Zip Code _____ - _____
Home Telephone Number (____) _____ - _____

CURRENT EMPLOYMENT:

Name of Employer _____
Street Address _____ Bldg # _____
City _____ State _____ Zip Code _____ - _____
Employer Telephone Number (____) _____ - _____ Beginning Date ____ / ____ / ____

***NOTE**

You are required by state and federal law to disclose your social security number on this application. Section 666(a)(13) of Title 42, United States Code, requires each state to obtain the social security number of each applicant for a professional or occupational license on the application for the license. Section 626.171(5), Florida Statutes, implements this federal law. The purpose of collecting social security numbers is for administration of the child support enforcement provisions of Title IV-D of the Social Security Act. The Department of Financial Services also uses social security numbers for identity verification purposes in conjunction with background checks of applicants and for identity verification purposes in the Department's electronic database for licensees and applicants.