



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Funeral, Cemetery & Consumer Services*  
 200 East Gaines Street  
 Tallahassee, FL 32399- 0361

## REQUEST FOR DUPLICATE LICENSE-ENTITY

**REQUIRED FEE: \$25 (must accompany this form)**  
 Make checks payable to the Dept of Financial Services.

PRINT OR TYPE CLEARLY.

Section 1. NAME & ADDRESS ESTABLISHMENT		
License Number:	FEIN:	
Name of Establishment:		
Street address (Do not include P.O. Box):		
City:	State:	Zip:
Contact Name:	Phone number: (     )     -	Email address:
Section 2. MAILING ADDRESS ESTABLISHMENT (If Different than Location Address)		
Street address or P.O. Box:		
City:	State:	Zip:
Section 3: PURPOSE OF DUPLICATE LICENSE		
A reissue/duplicate of the license/registration/permit listed above is requested for the following reason.		
<input type="checkbox"/> 1) NEVER RECEIVED <input type="checkbox"/> 2) LOST/MISPLACED <input type="checkbox"/> 3) ADDRESS CHANGE <input type="checkbox"/> 4) OTHER		
<b>If you are requesting the duplicate license due to a name change please submit the following form:</b> <i>Change of Name &amp; Request for Revised License Certificate - Entities - DFS-NI-1764</i>		

<b>FOR OFFICE USE ONLY:</b>		
<u>BT</u>	<u>TYCL</u>	<u>FT</u>
V	3801	F \$25.00

**Section 4: CERTIFICATION**

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing, and the facts stated in it are true and correct.

\_\_\_\_\_  
Signature of Licensee's Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name and Title

*Mail completed application and required fee to:*

**Division of Funeral, Cemetery & Consumer Services, ATTN: Licensing Section  
Larson Building, 200 East Gaines Street  
Tallahassee, FL 32399-0361**