



Tel: 786-469-2300



Fax: 786-469-2311



email: license@miamidade.gov

APPLICATION FOR LOCKSMITH LICENSE/APPRENTICE PERMIT

Application Type: Check one of the following:

Initial/New

Renewal

Check one of the following:

Business Owner

Employee

Check one of the following:

Locksmith Exempt

Locksmith Certified

Locksmith Apprentice

APPLICANT INFORMATION:

Full Legal Name (*Last, First M.I.*): _____

Residential Address : _____

Mailing Address: _____

Phone Number: _____

Cell Number _____

Email Address: _____

Locksmith Permit Number: _____

Date of Birth: _____

Number of years you performed locksmith work: _____

EMPLOYMENT INFORMATION: (Please attach additional sheets of paper if necessary)

Business Name: _____

Business Name: _____

Registration Number: _____

Registration Number: _____

Address: _____

Address: _____

Zip Code: _____

Zip Code: _____

Business Phone: _____

Business Phone: _____

NOTE (First Time Applicants): If you are the owner of a locksmith business and have already submitted photographs and fingerprints in connection with obtaining your business registration, you do not have to re-submit fingerprints and photographs again for the individual permit.

Complete the following checklist including those items attached or enclosed with this application:

- Renewal Applications Need Only Include the Underlined Items Below –

Completed Application

License Fees

Locksmith Experience Affidavit (Initial applicants only)

Copy of Applicant's Driver's License

* A photograph will be required for completion of this application. The photograph will be taken at The Office of Consumer Protection once every 5 years.

* A Fingerprint card and finger prints processing will be provided at The Office of Consumer Protection.

Please answer yes or no to the following questions:

Yes **No** Do you have any convictions, in any jurisdiction, whether or not adjudication has been withheld for felonies, misdemeanors or ordinance violations (excluding traffic violations), for robbery, burglary, larceny, theft, possession of a stolen car, breaking and entering, or any other crime related to locksmithing for the past five (5) years for the individual applicant, for each general partner of a partnership or for each owner, officer or director or a corporation. *If yes, please provide details on a separate sheet.*

Yes **No** Do you have any convictions, in any jurisdiction, whether or not adjudication has been withheld of any felony involving moral turpitude relating to sex, the use of a deadly weapon, homicide, violence against a law enforcement officer, or as a habitual violent felony offender for the individual applicant for each general partner of a Partnership, or for each owner, officer, or director of a corporation. *If yes, please provide details on a separate sheet.*

Yes **No** Do you owe money to Miami-Dade County, either individually or through any other business, as a result of any of the following: unpaid civil penalties; unpaid administrative costs for a hearing; unpaid County investigative, enforcement, testing or monitoring costs; or unpaid liens? *If yes, please provide details on a separate sheet.*

I, _____, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I will abide by the provisions of the Code of Miami-Dade County and all other applicable laws. I understand that civil penalties may be imposed for violations of provisions of the Miami-Dade County Code. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a Locksmith License or Apprentice Permit. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

There are two options for submission:

- 1) Print this application, sign and date, and mail to our office with fees and required items from checklist above.
- 2) e-sign, upload along with required items from checklist above at https://energov.miamidade.gov/EnerGov_Prod/SelfService#/home and pay fees.

Instructions for e-sign:

1) type **/s/** at the beginning of each signature block; **2)** then type your full name; **3)** date the application.

Your e-signature should appear as: **/s/ Jane Doe**

An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Florida Statutes

APPLICANT SIGNATURE

DATE

Social Security Number Collection Policy: Pursuant to section 119.071(5) of the Florida Statutes, agencies are required to adopt a written Social Security Number Collection Policy. The Miami-Dade County Office of Consumer Protection collects your Social Security number for verification of identification purposes. Please enter **only** the last four numbers your Social Security number in the space(s) provided below. Upon completion of the criminal background search, your Social Security number will be redacted from our file.

Name: _____ **ONLY Last (4) four of your Social Security Number:**