



Department of Regulatory and Economic Resources  
Consumer and Neighborhood Protection Division  
11805 SW 26<sup>th</sup> Street, Suite 230, Miami, FL 33175  
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Email: [license@miamidade.gov](mailto:license@miamidade.gov)  
[miamidade.gov](http://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: \_\_\_\_\_

**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.

**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](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

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**APPLICANT SIGNATURE**

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**DATE**

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**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 digits of your Social Security Number:**