



**GMD Operations & Regulatory Management
Licensing Section
2800 North Horseshoe Drive
Naples, FL 34104**

SPONSORSHIP APPLICATION

GITS

DATE: _____

PROMETRIC

QUALIFIER NO: _____

PROV

EXAM CODE: _____

INSTRUCTIONS: This application must be typewritten or legibly printed. An administrative fee of **\$130.00 MUST** accompany this application (**Make check payable to “Board of County Commissioners”**). This fee is good for six (6) months. This fee is not transferable or refundable. This application must be signed, and the applicant’s signature notarized. **NOTE: The information contained on this application is public knowledge.**

I HEREBY MAKE APPLICATION TO TAKE THE FOLLOWING EXAMINATION(S) FOR

Name of Examination Requested

Name of Applicant: _____

Address: _____
(Number & Street) (City) (State) (Zip Code)

Telephone: _____ Date of Birth: _____

Driver’s License #: _____

SIGNATURE OF APPLICANT _____ DATE _____

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was subscribed and sworn to before me this _____ day of _____, 20____, by

_____ who is personally known or has Name of person

Acknowledging produced _____ as identification.

SIGNATURE OF NOTARY

PRINT NAME OF NOTARY

NOTARY’S SEAL

Notary Public Commission # _____

Commission Expires _____

--- OFFICIAL USE ONLY---

DATE	LOCATION	SCORE