

To: Florida Department of Insurance

As I am Not a US-Citizen, I submit to you proof of “Work Permit” and/or “Alien Card” in order to complete all pre-requirements for: ***Florida Insurance License 02-56***
“Legal Expense Representative”.

Applicant’s Name: _____

Social Security #: _____

Date of Birth: _____

Applicant’s Phone: _____

Applicants’ Email: _____

Attach Copy of Document here
and Fax to: 850-413-3291