

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



**NICOLE "NIKKI" FRIED
COMMISSIONER**

**SELLERS OF TRAVEL
INDEPENDENT SALES AGENTS
APPLICATION**

Sections 559.928(3), Florida Statutes
Rule 5J-9.002(2), Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FDACS.gov • (850) 410-3804 Fax

*Make check or money order payable
and remit with application to:*

FDACS
P.O. Box 6700
Tallahassee, FL 32399-6700

An annual filing fee of \$50 is required for each independent sales agent (s. 559.928, F.S.). PLEASE TYPE OR PRINT. Additional pages may be attached if extra space is needed. All fees are non-refundable.

Name of person making statement: _____
First Name *Last Name*

_____ of _____
Title *Name operating under, if different than above*

Located at: _____ in _____
Business Address of Independent Agent *City, State, Zip Code*

_____ in _____
Mailing Address of Independent Agent *City, State, Zip Code*

_____ *Email Address* _____ *Business Telephone Number*

Seller of Travel you Represent	Their Address	Their Seller of Travel or ARC #

Additional pages may be attached if extra space is needed.

AND THEREFORE, I:

1. Act for or on behalf of a seller of travel that is operating in compliance with Sections 559.926 - 559.939, Florida Statutes, the Florida Sellers of Travel Act; **AND**
2. Have a written contract with the seller(s) of travel listed above (**please provide us a copy of the contract**); **AND**
3. Do not receive a fee, commission or other valuable consideration directly from the purchasers of travel or travel related services; **AND**
4. Do not at any time have any un-issued ticket stock in my possession; **AND**
5. Do not have the ability to issue tickets, lodging or vacation certificates, or any other travel documents.

Signature of Independent Sales Agent

Date

Org Code: 42 10 06 25 000	
EO: A2	
Object Code: 001115	\$50.00