

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

**Financial Technology Sandbox Innovator Extension Request
Chapter 559, Part XII, Florida Statutes**

GENERAL INSTRUCTIONS

Form OFR-559-FTS-003 is the form used by Financial Technology Sandbox Innovator licensees to apply for an extension of 12 additional months of their initial sandbox period.

The licensee must file this form no later than ninety (90) calendar days before the conclusion of the initial sandbox period.

This form is divided into the following sections:

- Licensee Information
- Reason for Extension
- Supporting Documentation
- Signature/Title/Date of Signature

Licensee Information

Licensee's FEID# – This is a nine-digit number assigned by the IRS.

Name of the Licensee – Name under which license is issued.

Fictitious (D/B/A) Name – Name the business operates under other than the legal entity name.

Licensee Address – Provide the address of the main business location.

Contact Person – Provide the name of the person who can answer questions about the information provided on the form.

Telephone and Fax Number – Provide the telephone and fax number of the contact person for questions regarding the form.

File number – This number is assigned by the Office of Financial Regulation.

Reason for Extension

Section 559.952(7)(b), F.S., requires a financial technology sandbox licensee to select a reason for why they are requesting an extension. At least one option must be selected.

Signature/Print Name/Title/Date

The report must be signed by an authorized person of the licensee. Include the authorized signor's printed name, title and date signed.

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EXPIRATION DATE OF INITIAL SANDBOX PERIOD: _____
(MM/DD/YYYY)

LICENSEE INFORMATION

1. LICENSEE FEID#: _____
2. LICENSEE NAME: _____
3. FICTICIOUS (D/B/A) NAME: _____
4. LICENSEE ADDRESS:

(Number and Street) (City) (State) (Zip Code)
5. CONTACT PERSON: _____
6. LICENSEE PHONE #: _____
7. FILE NUMBER: _____

REASON FOR EXTENSION

1. Amendments to general law or rules are necessary to offer the innovative financial product or service in this state permanently.

If this box is checked, attach all relevant supporting information to this filing, including what laws or rules amendments are necessary to offer the innovative product in this state permanently.

2. An application for a license that is required in order to offer the innovative financial product or service in this state permanently has been filed with the office and approval is pending.

If this box is checked, provide the following information:

License Type Applied For: _____
License Application Filing #: _____
License Application Filing Date: _____

I, the undersigned authorized person, have full authority to sign and verify this notification. I have read this notification and have knowledge of the information stated herein. This notification, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

Section 837.06, F.S., states: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Signature

Print Name

Title

Date