

REQUEST FORM FOR COMMERCIAL ENTITIES

Date: _____

Business Name: _____

Requestor's Name *(must be an authorized officer or agent)*: _____

Business Street Address: _____

Mailing Address: _____

Business Telephone Number: _____

Statement of Specific Purpose for which Social Security number is needed and how the information will be used by requestor: *(check one)*

- Verification of the accuracy of personal information received by an entity in the normal course of business.*
- Use in a civil, criminal, or administrative hearing.*
- Insurance purposes.*
- Use in law enforcement and/or investigation of crimes.*
- Matching, verifying, or retrieving information.*
- Research activities.*
- Other. Please explain:*

I, the undersigned, agree that I am an authorized officer and/or agent of the above named entity and have requested social security number(s) for a purpose authorized under Florida law. I further agree that the above-stated purpose is true and accurate. Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true.

Signature

For Office Use Only

Date Request Received _____

Date Request Completed _____

Clerk Processing Request _____

Any person who makes a false representation in order to obtain a social security number pursuant to CS/HB 1673, commits a felony of the third degree, punishable as provided in s. 775.082 or s. 775.83, F.S.