

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.*