



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Licensing

**ONLINE CONCEALED WEAPON OR FIREARM LICENSE
APPLICATION RECEIPT**

Chapter 790, Florida Statutes
Post Office Box 6687•Tallahassee, FL 32314-6687•(850) 245-5691•(850) 245-5655 Fax
mylicensesite.com

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR FILES.

YOUR TRACKING NUMBER



T125438942

DATE	TOTAL FEE PAID	DATE OF BIRTH
2/26/2019	\$55.00	*****
LAST NAME	FIRST NAME	MI
HAZEL	MARK	T

- **IMPORTANT NOTE:** You must have your fingerprints taken at a **Division of Licensing Regional Office or Law Enforcement Agency**. The following page contains important information for the fingerprint technician. Your application can not be processed until the fingerprint process has been completed.
- **Your tracking number is a UNIQUE ID NUMBER that can be used** to obtain information concerning the status of your application as it is being reviewed and evaluated by our Division personnel. Visit our website, mylicensesite.com, and under "Popular Links" select the "Check the Status of Your Concealed Weapon Application" link or call (850) 245-5691 and follow the automated instructions.
- Please allow 3-4 weeks from the time your application is submitted before you check online or call for a status update.
- Processing time will vary depending upon the Division's workload. However, please be advised that if your application is INCOMPLETE or if we receive background check information from law enforcement authorities that requires additional review to confirm your eligibility for licensure, processing time may take up to 90 days.

Application Submitted

718C960FD88FFFA76C69F34E5F4B80AA

**TAKE THIS DOCUMENT TO A DIVISION OF LICENSING REGIONAL OFFICE
OR LAW ENFORCEMENT AGENCY PROVIDING FINGERPRINT SERVICES.**

Instructions to Fingerprint Technician:

Please Insert the Division of Licensing Tracking Number in the OCA field, and applicant name exactly as shown below.

Tracking Number: **T125438942** Applicant Name: **HAZEL, MARK T**

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK			
FD-258 (REV.3-1-10) 1110-0046		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME	FIRST NAME	MIDDLE NAME	Must match applicant name shown above						
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		OR I		FL920610Z DOA-CONSUMER SV-LIC TALLAHASSEE, FL		DATE OF BIRTH		DOB			
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP	SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH	POB	
EMPLOYER AND ADDRESS		YOUR NO. OCA		FBI NO. FBI		ARMED FORCES NO. MNU		SOCIAL SECURITY NO. SOC		MISCELLANEOUS NO. MNU		LEAVE BLANK	
REASON FINGERPRINTED		790.06		CLASS		REF.							
Name and address of LAW ENFORCEMENT AGENCY where your prints are taken must be on the back of the card in the blank area in the upper right corner.													

Applicant Fingerprint Instructions - Please read carefully:

- You must submit a complete and legible set of fingerprints obtained from a Division of Licensing Regional Office or Law Enforcement Agency.
- Florida law requires applicants for the concealed weapon license to have their fingerprints taken at a **Regional Office or Law Enforcement Agency**. Electronic fingerprint scanning services are available at all Division of Licensing Regional Offices, almost all county sheriffs' offices and even some local police departments throughout the state of Florida.
- We strongly recommend you telephone your local law enforcement agency in advance to find out if the agency does in fact provide electronic fingerprint scanning service and whether an appointment is necessary if the service is available.
- **IMPORTANT TIP:** When your fingerprints are scanned, the fingerprint technician who takes your prints will give you a RECEIPT and/or a PHOTOCOPY of the fingerprint scan. Please keep these documents. They contain important tracking information.