

**Florida Governor's Council on Indian Affairs, Inc.**  
**Workforce Development Services Program**  
625 N. Adams St.  
Tallahassee, FL 32301  
1-800-322-9186

**REQUEST FOR LICENSURE AND CERTIFICATION EXAM  
FEES AND OTHER ADDITIONAL SERVICES  
FORM #3001**

**PARTICIPANT'S NAME:** \_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

Please check one box.

- For advance payment we must know to whom to make the check payable to and the amount of the check. This check will be mailed to the address that we have on file for you.
- For reimbursement we must know the name of the exam/license and get a copy of the receipt. This check will be mailed to the address that we have on file for you.

| <u>Check Payable To / Name of the Exam/License</u> | <u>Amount</u>   |
|--|-----------------|
| _____ / _____                                      | \$ _____        |
| _____ / _____                                      | \$ _____        |
| _____ / _____                                      | \$ _____        |
| _____ / _____                                      | \$ _____        |
| _____ / _____                                      | \$ _____        |
| _____ / _____                                      | \$ _____        |
| _____ / _____                                      | \$ _____        |
| <b>Total</b>                                       | <b>\$ _____</b> |

Please submit copies of applications along with documents stating these are required for employment for advance payment. For reimbursement please submit copies of receipts along with documents stating these are required for employment.

**PLEASE SIGN HERE:** \_\_\_\_\_  
(By typing or signing your name on the above line you are attesting that this form has been completed truthfully.)

**NOTE: ANY REQUEST FOR ADVANCED FEE PAYMENT SHOULD BE MAILED AT LEAST 31 DAYS PRIOR TO THE DATE OF REGISTRATION or FEE PAYMENT. THIS REQUEST MUST BE ACCOMPANIED WITH YOUR COMPLETED APPLICATION INCLUDING ALL REQUIRED SUPPORTING DOCUMENTS**