



Florida Department of Juvenile Justice

2737 Centerview Drive / Tallahassee, FL 32399-3100 / 850-921-5900

Social Security Number Request Application

Requestor's Name: _____

Commercial Entity: _____

Nature of Business: _____

Federal ID Number: _____ Social Security Number(s) Requested: _____

Mailing Address: _____

City _____ County _____ State _____ Zip Code _____

Primary Phone # (____) _____ - _____ Alternate Phone # (____) _____ - _____

In the space provided, state the business purpose for which the social security number(s) of DJJ and/or contract provider employees is necessary and how this information will be used in the normal course of business. _____

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in are true.

Date ____/____/____

Signature of Requestor

Printed Name: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn or affirmed and signed before me on _____ day of _____ 20____ by _____.

NOTARY PUBLIC

Print, type, or stamp commissioned name of notary or deputy clerk.

Personally known

Produced identification
Type of identification produced _____

FOR INTERNAL USE ONLY

Submitted By: _____

DJJ Branch

General Counsel Review: Yes or No Information Released: Yes or No

Attorney: _____ Date: ____/____/____

A copy of this form shall be submitted to the Office of Legislative Affairs, 2737 Centerview Drive, Suite 3200, Tallahassee, FL 32399- 3100.

A copy of this form shall be submitted to the Office of Legislative Affairs, 2737 Centerview Drive, Suite 310, Tallahassee, FL 32399-3100.