

Medicaid ID: _____
or, Application Tracking Number (ATN)

FDLE Criminal History Check and FBI Fingerprinting Exemption Request

Check all that apply and include copies of applicable licenses or required financial documents.

I, _____ request exemption from the fingerprinting
(Print Name of CEO)
and criminal history check requirements under Chapter 409, Florida Statutes, and do hereby
certify that _____ meets one, or more, of the
(Print Name of Organization)
following conditions:

- This organization is a School District, and is exempt under Section 409.908, Florida Statutes.
- This organization is a hospital licensed under Chapter 395, Florida Statutes.
- This organization is a nursing home licensed under Chapter 400, Florida Statutes.
- This organization is a hospice licensed under Chapter 400, Florida Statutes.
- This organization is an assisted living facility licensed under Chapter 400, Florida Statutes.
- This organization is a unit of local government. *NOTE: If the organization is a contractor with a unit of local government, this exemption does not apply.*
- This organization derives more than 50% of its revenue from the sale of goods to final consumers **AND**
 - Is required to file a form 10K with the Securities and Exchange Commission (*include copy of 10K form*), **OR**
 - Has a net worth of \$50 million or more (*include copy of annual report including audited financial statements*).

Under penalty of perjury, I do hereby certify that this is a true and accurate statement.

(Signature of CEO of Organization or Superintendent of School District)

(Date)

(Print name of above signatory party)