



CHARLES H. BRONSON
COMMISSIONER

**FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
DIVISION OF LICENSING**

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 487-0486
Internet Address: <http://licgweb.doacs.state.fl.us/Index.html>
Chapter 493, Florida Statutes

**TEMPORARY CLASS "G" LICENSE
AGENCY CHARACTER CERTIFICATION**

INSTRUCTIONS: Print or type all information. Answer all questions. Submit proper fee by money order, cashier's check or company check.

Agency Name: THE WACKENHUT CORPORATION
Agency Address: 4200 WACKENHUT DRIVE, SUITE 102, PALM BEACH GARDENS, FL 33410
License No: AB9600012 Telephone No: (561) 627-0068

- This employee has been determined to be mentally and emotionally stable by:
- a) validated written psychological test taken within the 12-month period immediately preceding the date the application is submitted;
 - b) evaluation by a psychologist or psychiatrist licensed in this state or by the Federal Government made within the 12-month period immediately preceding the date the application is submitted; or
 - c) presentation of a DD-214 form issued within the previous 12 month period that establishes the absence of emotional or mental instability at the time of discharge from military service.

Please indicate below which method was used to determine that the employee is mentally and emotionally stable:

A. Validated written psychological test or evaluation by a psychologist or psychiatrist.
DR. CAROL NUDELMAN, PSY.D., P.A. 09-06-07
Name of psychologist, psychiatrist or representative of agency who administered test Date of Test or Evaluation
7800 RED ROAD, SUITE 210, SOUTH MIAMI, FL 33143
Address of psychologist, psychiatrist or agency administering test/evaluation

B. Presentation of DD-214 form. Attach a copy of the DD-214 to this form.

As the authorized representative of the named agency, I hereby state that the information provided herein is true and accurate to the best of my knowledge. THIS DOCUMENT IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION SUBJECTS THE PERSON COMPLETING THE DOCUMENT TO CRIMINAL PROSECUTION UNDER SECTION 837.06, FLORIDA STATUTES.

Omar Mateen
Typed Name of Applicant/Employee
Eduardo J. Rodriguez
Typed Name of Licensed Agency Owner or Manager
M2700041
License Number of Manager (Class "D", "M", "MA" or "MB")

[Signature]
Applicant/Employee's Social Security Number
[Signature]
Signature of Licensed Agency Owner or Manager

STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 14 day of SEP, 20 07, by:

Eduardo J. Rodriguez
Name of Agency Owner or Manager
(SEAL)

CHRISTOPHER J. WINANS
Commissioner
Expires 1/15/2011
Florida Notary Assn., Inc.

[Signature]
NOTARY SIGNATURE
PRINT, TYPE OR STAMP NAME OF NOTARY

Personally Known _____
or Produced Identification _____
Type of Identification Produced _____