

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

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

TEMPORARY CLASS "G" LICENSE

•		TER CERTIFICATION	V
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 CORPORATI	ON	
Agency Address:	4200 WACKENHUT DRIVE, S	UITE 102, PALMEBEAC	CH GARDENS, FL33410
License No:	AB9600012 Telepho	one No: <u>(561) 627-0068</u>	3
a) validated the application within the (c) presentation absence of	een determined to be mentally and emwritten psychological test taken within cation is submitted; by a psychologist or psychiatrist licenter 12-month period immediately precion of a DD-214 form issued within the emotional or mental instability at the wwhich method was used to determ	the 12-month period immed sed in this state or by the Fede eding the date the application e previous 12 month period time of discharge from military	eral Government made on is submitted; or that establishes the y service.
	written psychological test or evaluation	•	•
	ROL NUDELMAN, PSY.D.,P.A		09-06-07
	sychologist, psychiatrist or representa		Date of Test or Evaluation
Address of Address of Address of my knowledge.	D ROAD, SUITE 210, SOUTH f psychologist, psychiatrist or agency a con of DD-214 form. Attach a copy of the sentative of the named agency, I hereby somethis pocument is executed under	administering test/evaluation te DD-214 to this form. state that the information provided NOATH. FALSIFICATION OR MI	ISREPRESENTATION SUBJECTS
	ETING THE DOCUMENT TO CRIMINAL F	HOPECATION GWDEH PECTIO	1 837.06, FLORIDA STATUTES.
Omar Mate	en n/Employee	Applicant/Employees Soc	al Security Number
Eduardo J.	Rodriguez		TO STATE OF THE ST
M2700041	Agency Owner or Manager	Signature of Licensed Age	ncy www.arror manager
License Number of Man	ager (Class "D" "M", "MA" or "MB")		
STATE OF FLORIDA COUNTY OF Palm	n Beach		
Eduardo J. Name of Agency	Rodriguen Owner or Manage SEAL)	NS 10011	OR STAMP NAME OF NOTARY
	Pers	sonally Known	
	or Produced	d Identification	·

Type of Identification Produced