Public Records Request - Acknowledgment and Production of Responsive Records

Holley, Lorena < lorena.holley@freshfromflorida.com>

Mon 6/20/2016 2:48 PM

To:Bill Marshall < BMarshall@JUDICIALWATCH.ORG >;

Cc:Pagano, Paul <Paul.Pagano@freshfromflorida.com>; Holley, Lorena <lorena.holley@freshfromflorida.com>;

Dear Mr. Marshall -

This email acknowledges receipt of your public records request dated June 13, 2016 to this department requesting certain records related to Omar Mateen.

Below are links to documents that are responsive to your request No. 1.

Per your public records request, please follow this link to access responsive records: https://www.dropbox.com/sh/kwur7lwc49b2gca/AACWCDnw6Z2MSrYesfBZV-rBa?dl=0

Redacted information has been done so in accordance with Florida State law. Please see below for the statutory exemptions.

Bank account numbers: S. 119.071(5)(b), F.S. Social Security numbers: S. 119.071(5)(a)5, F.S. Driver license numbers: S. 119.0712(2)(b), F.S.

Biometric identification information: S. 119.071(5)(g)1, F.S.

Criminal history is public and available per the Florida Department of Law Enforcement. If interested, visit their website at: http://www.fdle.state.fl.us/cms/Criminal-History-Records/Obtaining-Criminal-History-Information.aspx

I will forward your Request No. 2 to the appropriate division with the department and will let you know whether there are any documents responsive to your request and whether there will be a charge to produce any such records.

Please feel free to email or call me if you have any questions.

Regards,

Lorena A. Holley

General Counsel Florida Department of Agriculture and Consumer Services (850) 617-7700 (850) 617-7744 (facsimile) Lorena.Holley@FreshFromFlorida.com

www.FreshFromFlorida.com

Please note that Florida has a broad public records law (Chapter 119, Florida Statutes). Most written communications to or from state employees are public records obtainable by the public upon request. Emails sent to me at this email address may be considered public and will only be withheld from disclosure if deemed confidential pursuant to the laws of the State of Florida.

APPLICANT LEAVE BLANK	HAST NAME NAME NAME OF THE PRINT ALL IN	T NAME AND MIDDLE HA	11
SIGNATURE OF PERSON FINGERPRINTED	ALIASES AKA OR	FL923130Z DOA-CONSUMER	SVIZ-LICIDATE OF BIRTH DOS
POCT St. LUCIO FL 34983 FRE T SIGNAPO O DE PARA TIMO EN MORNINIS	CITIZENSHIP CIZ. U.S	TALLAHASSEE,	FL 11 16 86
EMPLOYER AND ADDRESS 9091 NIMILITARY TRAIL	FBI NO. FB.		LEAVE GLANK
Raim Beach Gardens, FL 33410	ARMED FORCES NO. MNU	C(ASS	
493.6105	MISCELLANEOUS NO. MNU	REF.	

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE CJIS DIVISION/CLARKSBURG, WV 26306

1.LOOP

APPLICANT

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.

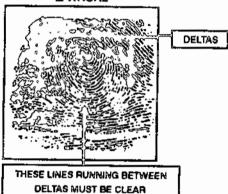
CENTER OF LOOP

DELTA

- 2. DISTRIBUTE INK EVENLY ON INKING SLAB.
- WASH AND DRY FINGERS THOROUGHLY.
- 4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
- 5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
- 6. NOTATE IN THE APPROPRIATE FINGER BLOCKS IF APPLICANT IS MISSING ONE OR MORE FINGERS FOR ANY REASON. IF NOT MISSING, ALL TEN IMPRESSIONS MUST BE PROVIDED WITH SCARS AND DEFORMITIES MOTATED.
- 7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMITTHE BEST THAT CAN BE OBTAINED.
- B EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATIERNS SHOWN ON THIS CARD JOTHER PATIERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE].

THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2 WKORL



3 ARCH



ANCHES MARE NO DECIAS

This card for use by:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLI-CANTS FOR LAW ENFORCEMENT POSITIONS.

2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY
GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE
STATUTES DO NOT SATISFY THIS REQUIREMENT.

- J. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW."
- 4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANK-ING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

instructions:

- 1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPRO-PRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGER-PRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
- 2. PRIVACY ACT OF 1974 (PL. 93-529) REQUIRES THAT FEDERAL STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDAFORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION AND USES WIHICH WILL BE MADE OF IT.
- "3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
- 4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURMISHED IN THE APPROPRIATE SPACE.

MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. [AR], PORT SECURITY CARD NO. [PS], SELECTIVE SERVICE NO. [SS] VETERANS' ADMINISTRATION CLAIM NO. [VA].

Leave This space blank

FD-258 (REV. 5-11-99)

♦ U.S. GOVERNMENT PRINTING OFFICE: 2004-304-373/80039

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691
Internet Address: http://licgweb.doacs.state.fl.us

T01992101-1

0

DIVISION OF LICENSING WEST PALM BEACH REGIONAL OFFICE FP Sent

APPLICATION FOR SECURITY OFFICER LICENSE - CLASS "D"

Please read all instructions carefully BEFORE YOU BEGIN. To prevent unnecessary delays in the processing of your application, be sure to answer all questions and submit any necessary documentation. PLACE NUMBERS & LETTERS INSIDE BOXES AS SHOWN. S M I T H 1 2 3
SECTION I. APPLICANT INFORMATION
SOCIAL SECURITY NO ALIEN REGISTRATION NO.
if you are an allen, you must also provide your Allen Registration Number.
LAST NAME FIRST NAME MI
Mateen
RESIDENCE ADDRESS
490 NW DOVER CT
RESIDENCE ADDRESS
CONTINUED (SUITE, BLDG., APT., ETC.)
CITY STATE ZIP CODE
Port 5+ Lucie FL 34983-
MAILING ADDRESS IF DIFFERENT FROM ABOVE
MAILING ADDRESS
CONTINUED (SUITE, BLDG., APT., ETC.)
CITY STATE ZIP CODE
SEX RACE EYE COLOR HAIR COLOR DATE OF BIRTH (MMDDYYYY) WEIGHT HEIGHT
M W Black Black 11161986 220 SFT 101N
PLACE OF BIRTH (CITY, STATE OR PROVINCE, AND COUNTRY)
LONG ISLAND NEW YORK
HOME PHONE NUMBER WORK PHONE NUMBER
7724869225 7726218581
E-MAIL ADDRESS
ONPATROL8604AHOO



SECTION II. PRIOR ADDRESS	HISTO	DRY			
Please list all addresses where you have lived for the pa separate sheet of paper.	st 5 YEAF	RS. Begin wit	h your curren	t address. If more s	space is required, you may use a
STREET ADDRESS					
490 NW Dover CT					
Port St. Lucie			STATE F		zip 34983
LENGTH OF TIME AT THIS ADDRESS	FROM:	O L MONTH	NEAR	TO:/	200 7 YEAR
STREET ADDRESS 64 NU Stanford LN					
Port St. Lucie		,,	STATE		ZIP 3493
LENGTH OF TIME AT THIS ADDRESS	FROM:	09		TO: 06/	
ATT 100000					
STREET ADDRESS 824 NW Waterlily P(CITY Tenson Beach					
Jenson Beach			STATE	· · · · · · · · · · · · · · · · · · ·	^{z1P} 3498?
LENGTH OF TIME AT THIS ADDRESS	FROM:	Ø9	1999 YEAR	TO: 04	2003 YEAR
STREET ADDRESS					,
CITY			STATE		ZIP
LENGTH OF TIME AT THIS ADDRESS					
	FROM:	MONTH	YEAR	TO:/	YEAR
		······································			
STREET ADDRESS					
CITY			STATE		ZIP
LENGTH OF TIME AT THIS ADDRESS			L,	· · · · · · · · · · · · · · · · · · ·	
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STREET ADDRESS		7	· · · · · · · · · · · · · · · · · · ·		
CITY			STATE	· · · · · · · · · · · · · · · · · · ·	ZIP
LENGTH OF TIME AT THIS ADDRESS			L		<u> </u>
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STREET ADDRESS	·	·····	······································		
CITY			STATE	. ,	ZIP
LENGTH OF TIME AT THIS ADDRESS	EDOM	<u></u>	<u> </u>	TO: /	

HTHOM

YEAR

HTHOM

YEAR

SECTION III.	PRIOR EMPLOYMENT H	HISTORY
were not employed at any		
	orrectional Institute	PHONE NUMBER (772) 597-3705
STREET ADDRESS	attapatton, Rd	CITY, STATE, ZIP CODE Indian town
	al Officer	DATES OF EMPLOYMENT FROM: 10 / 06 TO: 04 / 07 MONTH YEAR MONTH YEAR
SUMMARY OF JOB DUTIES	er of inmodes	
NAME OF EMPLOYER		PHONE NUMBER
General	Nutrition Center	(172)692-1386 TCITY, STATE, ZIP CODE
STREET ADDRESS 306 NW Fed	erel Hwy	Tensen boach PC
1	iociate !	PROM: 02 / 06 TO: 11 / 06
SUMMARY OF JOB DUTIES	imins and sports	supplements
NAME OF EMPLOYER	CG	PHONE NUMBER
STREET ADDRESS	oderal Hwy	CITY, STATE, ZIP CODE
Solis As	societe	FROM: 01 , 06 TO: 02 , 06
SUMMARY OF JOB DUTIES		
NAME OF EMPLOYER	old's Gym	PHONE NUMBER (772) 878-7667
STREET ADDRESS NW	Peoceck Blud	Pact Stilucie
Floor W	atcher	FROM: 08 / 05 TO: 12 / 65
SUMMARY OF JOB DUTIES	Gym equipment	MONTH TEXT
	utrition World	PHONE NUMBER ()
STREET ADDRESS 2801 S JOB TITLE	US Highwan	CITY, STATE, ZIP CODE FOR PIERCE FL DATES OF EMPLOYMENT
Salis Ass	ouwle	FROM: OG OS TO: OS OS
SUMMARY OF JOB DUTIES		

SECTION IV.	MILITARY HI	STORY				
Have you ever ser Type of discharge	ved in the armed forces? If YES	•	ing: Seperation		OYES	ONO
SECTION V.	CRIMINAL H	ISTORY				
	en convicted or had adjudication of the parking or speeding violation		y or misdemeanor i	n any jurisdiction?	^	~ <i>(</i> -
If YES, please prov	vide accurate and complete infor	rmation below AND su		as of court dispositions. ons may result in the denial of	OYES	
DATE OF ARRE		CHAR		DISPOSITION		
				· ·		
Are you currently o or federal supervis	n parole, probation, deferred pro ion?	secution, pre-trial int	ervention, or any ot	her form of state	OYES	O No
SECTION VI						
	en known by a name other than tried, malden, professional, alias,				OYES	040
NAME			NAME			
NAME			NAME			
SECTION VI	I. PERSONAL H	ISTORY				
"("Adjudicated	been adjudicated incapacitate incapacitated means the cour provide a certified copy of the	t has determined yo	ou ere incapable of		OYES	6NO
authority of simil	neen involuntarily placed in a trea lar laws of another state? Provide a certified copy of the cou	-	•	napter 394, F. S., or under the	OYES	⊗N0
c) Have you ever b If YES, please p	een diagnosed with a mental illn provide a statement from a psyching from an incapacitating mental	iess? niatrist or psychologis	t licensed in Florida		OYES	
d) Do you currently	abuse any controlled substance				YES	⊙ √10
If YES, please s	istory of controlled substance ab ubmit evidence of successful co ould be from your sponsor in the	mpletion of a drug rel	habilitetion program m.	and three letters of reference,	OYES	SN0
If YES, please si	istory of alcohol abuse? ubmit evidence of successful cor f which should be from your spor			rem and three letters of	YES	O NO
SECTION VI	II. TRAINING/EX	(PERIENCE				
PLEASE BE SUI	ssfully completed the training requ RE TO ATTACH A COPY OF YO t proof of training will result in	OUR CERTIFICATE OF	F COMPLETION.	required by Section 493.6303(4), F.S g of your application.	S.? GYES	Оио
b) Have you ever b If YES, please sp	een licensed to perform security pecify which state and the period	duties in Florida or in f of time during which RIOD OF LICENSI	you were licensed:		OYES	@No
c) Have you ever he fine, reprimand, of if YES, please pr	ad a security license or registration or surrender of license) in a disciprovide in the spece below complete that also and circumstances.	on revoked, suspende	ed, or otherwise act any state?		O YES	9No

SECTION IX. EX	EMPTION FROM P	UBLIC RECORDS	DISCLOSURE		
See Section IX of the Application Instructions to determine if you qualify for exemption from Public Records Disclosure. If you do not qualify for the exemption, proceed to Section X. If you qualify for the exemption, do you wish to have the information kept confidential?					Оио
SECTION X. CIT	TIZENSHIP				·
Are you a citizen of the United States? If YES, proceed to Section XI of the ep If NO, you must answer question (b) be		PPLICATION INSTRUCT		⊖YES	Оио
b) Are you deemed a lawful permanent re United States Citizenship and Immigret granted authority to work by the USCIS	ion Services (USCIS, formerl		n	O YES	O NO
If YES, you must submit a clear and leg if you ere not a lawful permanent reside you are not aligible for licensure.			scis.		
SECTION XI. PE	RSONAL INQUIRY	WAIVER AND NO	TARIZATION STATE	EMENT	
I certify that I understand that the Division requirements for licensure. I understand include my school records, employment if I hareby waive any provision of law forbid any knowledge or information concerning record requested concerning me to the DI elso affirm that the information contains knowledge. I understand that falsification revocation of the license. Signature of Application of State of FLORIDA COUNTY OF The foregoing application was sworn to (4)	that inquiry shall be made re- nistory, financial records, any iding any school official, cour g me, and I do certify that I gri ivision. d in this application and all and any information or docum	garding my criminal history history of controlled subsit t, police egency, employel ve permission for such ent ttachments I have submitte nentation submitted with the	y and that subsequent Investigation or alcohol abuse, and my r, film or person from disclosing ity to disclose any information and to be true and correct to the its application may be grounds Date Signed	ation may mental can to the Divi and to provi best of my for denial o	pacity. Islon ide any
Print Name of Applicant ANGIE APPLING MY COMMISSION # DDM9481 EXPIRES: November 29, 2009 INDENDITARY FL Notery Discount Assoc Co. PRINT TYPE, OR STAMP NAME OF NOTARY Personally Known Produced Identification Type of Identification Produced					
SECTION XII. EMPLOYER STATEMENT (TO BE COMPLETED BY APPLICANT'S EMPLOYER)					
We have reviewed this completed applicat	ion and have approved the a	pplicant for hiring.			
Agency Name	Agency License #	Agency Phone #	Signature of Agency Head	5 D	ate
		()			
SECTION XIII. "D"	ACKNOWLEDGEM	IENT CARD ISSU	ED (TO BE COMPLETED BY	D.O.L. PE	RSONNEL)
Regional Office	Regional Office Date / / Division Employee Name				

H.M.H. Control Systems, Inc. Security Training Specialists

This is to certify that

OMAR MIR SEDDIQUE MATEEN

has successfully completed the 24 hour training course

SECURITY "D" CERTIFICATION

Sunny Plaza 9091 N. Military Trail Suite 10 Palm Beach Gardens, Florida 33410

August 3 - 5, 2007

#DS-93-00035

Date

Program Director

PRESIDENT

H.M.H. Control Systems, Inc. Security Training Specialists

This is to certify that

OMAR S. MATEAN

has successfully completed the 16 hour training course

SECURITY "D" CERTIFICATION

Sunny Plaza 9091 N. Military Trail Suite 10 Palm Beach Gardens, Florida 33410

August 11 - 12, 2007

#DS-93-00035

Date

Program Director

PRESIDENT

CHECK

HOLD DOCUMENT UP TO THE LICHT TO VIEW TRUE WATERMARK

PERSONAL

MONEY ORDER

10-84/220

781841274

WASHINGTON

PAY EXACTLY
NOT GOOD FOR MORE THAN \$1,000.00

PAY EXACTLY
NOT GOOD FOR MORE THAN \$1,000.00

WASHINGTON

FORDER

TO THE
ORDER OF DIVISION OF LICENSING

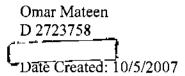
PURCHASER'S ADDRESS

Issued By Integrated Payment Systems Inc., Englewood, Colorado To Citibank, N.A., Buffalo, NY

1659 108

#O29763# #O22000868# 25007818#12749#

SSN:



Application reviewed by JM; checklist completed; no errors found.



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES DIVISION OF LICENSING POST OFFICE BOX 6687 **TALLAHASSEE, FL 32314-6687**

RENEWAL NOTICE

SECURITY OFFICER

DATE PRINTED:

APR 19, 2009

LICENSE #: D -27-23758

WILL EXPIRE: SEP 14, 2009

MATEEN, OMAR 490 NW DOVER CT PORT ST. LUCIE, FL 34983 11161986



609 PISO313 PLEASE ALLOW 4-6 WEEKS FO

Please read the instructions below BEFORE YOU BEGIN. Failure to submit required documentation will result in unnecessary

T02589119-0

tion

TO RENEW YOUR LICENSE, PLEASE RETURN THIS NOTICE WITH THE FOLLOWING:

* A PASSPORT-TYPE COLOR PHOTOGRAPH (SEE REVERSE SIDE FOR DETAILS).

* A CERTIFIED CHECK, MONEY ORDER, PERSONAL CHECK OR COMPANY CHECK IN THE AMOUNT OF \$45. IF YOUR RENEWAL APPLICATION IS RECEIVED BY THE DIVISION OF DISENSING

OF \$45. IF YOUR RENEWAL APPLICATION 13 ABOUT AFTER THE EXPIRATION DATE OF YOUR LICENSE, A LATE FEE EQUAL TO THE AMBUNIT OF THE LICENSE FEE IS REQUIRED. BY LAW, FEES CANNOT BE REFUNDED.

\$45.00 BY 09/14/09
\$90.00 AFTER 09/14/09 <-INCLUDES LATE FEE

IF YOUR LICENSE HAS BEEN EXPIRED FOR 3 MONTHS OR MORE, YOU MUST REAPPLY THOUSAND UNLAWFUL TO WORK AS A SECURITY OFFICER WITH AN EXPIRED LICENSE. BY SUBMITS OF THE RENEWAL APPLICATION, YOU ARE CONFIRMING YOUR CONTINUED

OF THE RENEWAL APPLICATION, YOU ARE CONFIRMING YOUR CONTINUED OF THE RENEWAL APPLICATION, YOU ARE CONFIRMING YOUR CONTINUED ELIGIBILITY FOR THE LICENSE UNDER CHAPTER 493, FLORIDA STATUTES.

FOR ASSISTANCE, PLEASE CONTACT THE REGIONAL OFFICE IN YOUR AREA OR CALL 850-245-5

PLACE NUMBERS & LETTERS INSIDE BOXES AS SHOWN.	H 1 2 3
IF ADDRESS IS INCORRECT. PLEASE MAKE CORRECTIONS IN THE SPACE PROVIDED BELOW.	
AESIDENCE ADDRESS	
RESIDENCE ADDRESS CONTINUED (SUITE, BLDG, APT., ETC.) STATE ZIP CODE	
MAILING ADDRESS - IF DIFFERENT FROM ABOVE	
MAILING ADDRESS CONTINUED (SUITE, BLDG, APT., ETC.)	
CITY STATE ZIP CODE	-



Color Photograph Specifications (Passport Size Photo)

- · Photograph must show the subject in a frontal portrait (no hats, no sunglasses).
- Photograph outer dimensions must be larger than 1 1/4" w X 1 3/8" h.
- Photograph must be color with a light colored background (no fancy backdrop, lettering, etc.).
- · Surface of the photograph must be glossy.
- · Photograph must not be stained, oracked or mutilated, and must lie flat.
- Photographic image must be sharr) end correctly exposed; photograph must not be retouched.
- . Photograph must not be pasted on cards or mounted in any way.
- · One photograph of every applicant must be submitted.
- · Photographs must be taken within 30 days of the application date.
- . Snapshots, group pictures, or full-length portraits will not be accepted.
- . To avoid mutitation of the photograph, lightly print your name & date of birth on the back using a crayon or felt tip pen.
- . Do not use glue or staples; attach photograph with a paper clip.
- · Do not cut the photograph.

CHECK

OMAR S MATEEN 10-08 SITORA A YUSUFIY 490 NW DOVER CT: PORT ST. LUCIE, FL 34983-3414	63-9419 2570 157064129 DATE 6/23/D	505 2
PAYTOTHE DIVISION OF FORTYfive dollars	LICENSING \$ and %00 DOL	45.00
National City. MEMO Lucense	. 0	J NP

SSN:



Florida Department of Agriculture and Consumer Services

Division of Licensing

RENEWAL NOTICE

Chapter 493, Florida Statutes

Post Office Box 9100 • Tallahassee, FL 32315-9100 • (850) 245-5691 Internet Address: http://mylicensesite.com

DATE PRINTED: APR 17, 2011

LICENSE #: D -27-23758

WILL EXPIRE: SEP 14, 2011

MATEEN, OMAR 490 NW DOVER CT PORT ST. LUCIE, FL 34983 11161986

T036916515

SECURITY OFFICER LICENSE RENEWAL PLEASE ALLOW 8-10 WEEKS FOR PROCESSING.

DO YOU HAVE A CHANGE OF RESIDENCE ADDRESS AND/OR MAILING ADDRESS?

The information below reflects your residence address and your mailing address on file with the Division of Licensing. If the information is correct leave this area blank. If your residence address OR your mailing address has changed, please enter the correct information.

CURRENT RESIDENCE ADDRESS 490 NW DOVER CT PORT ST. LUCIE, FL 34983 CURRENT MAILING ADDRESS 490 NW DOVER CT PORT ST. LUCIE, FL 34983

RESIDENCE ADDRESS

2513 S 19TH 'ST APT \$109 PHONE NUMBER

7729853092

RESIDENCE ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)

FORT PIERCE

STATE ZIP CODE

FL 34982

MAILING ADDRESS

MAILING ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)

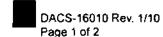
CITY

STATE ZIP CODE

EMAIL ADDRESS

DNPATROLIA8 GOYAHOG. COM

SUBMIT THE FOLLOWING WITH YOUR RENEWAL APPLICATION BY SUBSIGN OF THE RESERVAL APPLICATION, YOU ARE COMPRISING YOUR CONTINUED ELIGIBILITY FOR THE LICENSE UNDER CHAPTER (43 PLOYER 43 PLOYER 443 PLOYER) ONE PASSPORT-TYPE COLOR PHOTOGRAPH (See Reverse Side) \$45 2. A CHECK OR MONEY ORDER MADE PAYABLE TO THE DIVISION OF LICENSING IN THE AMOUNT OF IF APPLICABLE: 3. YOU MAY RENEW YOUR LICENSE UP TO 3 MONTHS AFTER IT EXPIRES. IF YOUR RENEWAL APPLICATION IS SUBMITTED AFTER THE EXPIRATION DATE OF YOUR LICENSE, BE SURE TO \$45 INCLUDE THE LATE FEE IN THE AMOUNT OF 4. IF YOUR LICENSE HAS BEEN EXPIRED FOR 3 MONTHS OR MORE, YOU MUST REAPPLY. IT IS UNLAWFUL TO PERFORM REGULATED DUTIES WITH AN EXPIRED LICENSE.





Color Photograph Specifications (Passport Size Photo)

- Photograph must show the subject in a frontal portrait (no hats, no sunglasses).
- Photograph outer dimensions must be larger than 1 ¼" w X 1 3/8" h.
- · Photograph must be color with a light colored background (no fancy backdrop, lettering, etc.).
- Surface of the photograph must be glossy.
- Photogreph must not be stained, cracked or mutilated, and must lie flat.
- · Photographic image must be sharp and correctly exposed; photograph must not be retouched.
- Photograph must not be pasted on cards or mounted in any way.
- One photograph of every applicant must be submitted.
- Photographs must be taken within six months of the application date.
- Snapshots, group pictures, or full-length portraits will not be accepted.
- To avoid mutilation of the photograph, lightly print your name & data of birth on the back using a crayon or felt tip pen.
- Do not use glue, staples, or a paperclip to attach photograph to application. Doing so may cause damage when mail is sorted by the U.S. Post Office.
- · Do not cut the photograph.

CHECK

OMAR S. MATEEN	533
499 NW DOVER CT PORT SAINT LUCIE, FL 34983	7/27/11 63-8419/2670
Pay to the PIVISION OF	LICENSING \$ 45.00
FORTY FIVE A	NO 100 - Dollars 1
PNCBANK	
PNC Bank, N.A. 001 Florida For D L TC ENS C	_ O X .
_	

SSN



Florida Department of Agriculture and Consumer Services

Division of Licensing

RENEWAL NOTICE

Chapter 493, Florida Statutes
Post Office Box 9100*Tallahassee, FL 32315-9100*(850) 245-5691
www.mylicensesite.com

ADAM H. PUTNAM COMMISSIONER

DATE PRINTED: APR 17, 2013

LICENSE #: D -27-23758

WILL EXPIRE: SEP 14, 2013

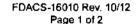
MATEEN, OMAR APT#107 2513 S 17TH ST FORT PIERCE, FL 34982 11161986

T056477679

SECURITY OFFICER LICENSE RENEWAL ALLOW 8-10 WEEKS FOR PROCESSING. FOR CREDIT CARD PAYMENT OPTION, VISIT WWW.FRESHFROMFLORIDA.COM AND CLICK 'ONLINE PAYMENTS.'

HAVE YOU CHANGED YOUR RESIDENCE ADDRESS OR MAILING ADDRESS? HAVE YOU CHANGED YOUR RESIDENCE ADDRESS OR MAILING ADDRESS?

The information below reflects your residence address and your mailing address on file with the Division of Licensing. If the Information is correct leave this area blank. If your residence address OR your malling address has changed, please enter the correct information. CURRENT RESIDENCE ADDRESS CURRENT MAILING ADDRESS 2513 S 17TH ST APT#107 2513 S 17TH ST APT#107 FORT PIERCE, FL 34982 FORT PIERCE, FL 34982 RESIDENCE ADDRESS RESIDENCE ADDRESS CONTINUED (SUITE, BUILDING, APT., ETC) CITY ZIP CODE STATE MAILING ADDRESS IF DIFFERENT FROM ABOVE MAILING ADDRESS CONTINUED (SUITE, BUILDING, APT., ETC) CITY STATE ZIP CODE E-MAIL ADDRESS BY SUBMISSION OF THE RENEWAL APPLICATION, YOU ARE CONFIRMING YOUR CONTINUED EMGIBILITY FOR THE LICENSE UNDER CHAPTER 493, FEORIDA STATUTES. SUBMIT THE FOLLOWING WITH YOUR RENEWAL APPLICATION ONE PASSPORT-TYPE COLOR PHOTOGRAPH (SEE SPECIFICATIONS ON REVERSE SIDE). A CHECK OR MONEY ORDER MADE PAYABLE TO THE FLORIDADEPARTMENT OF AGRICULTURE AND CONSUMER \$45 SERVICES IN THE AMOUNT OF FEES ARE NON REFUNDABLE. IF APPLICABLE: YOU MAY RENEW YOUR LICENSE UP TO 3 MONTHS AFTER IT EXPIRES. IF YOUR RENEWAL APPLICATION IS SUBMITTED AFTER THE EXPIRATION DATE OF YOUR LICENSE, BE SURE TO INCLUDE THE LATE FEE IN THE \$45 IF YOUR LICENSE HAS BEEN EXPIRED FOR 3 MONTHS OR MORE, YOU MUST REAPPLY. IT IS UNLAWFUL TO PERFORM REGULATED DUTIES WITH AN EXPIRED LICENSE.





COLOR PHOTOGRAPH SPECIFICATIONS (PASSPORT-SIZE PHOTO)

- Photograph must show the subject in a frontal portrait as shown at right. (NO HATS, NO SUNGLASSES).
- Photograph's outer dimension must be larger than 1-1/4" X 1-3/8".
- Photograph must be in color with a light-colored background. (NO FANCY BACKDROP, LETTERING, ETC.)
- Surface of the photograph must be glossy.
- · Photograph must not be stained, cracked, or mutilated; it must lie flat.
- Photographic image must be sharp and correctly exposed.
- Photograph must be non-retouched.
- Photograph must not be pasted on cards or mounted in any way.
- Photograph must be taken within six months of the date application is submitted.
- Snapshots, group pictures, or full-length portraits will not be accepted.
- · Do not cut the photograph.
- Lightly print your name and date of birth on the back of the photograph.
 Use crayon or felt-tipped pen to avoid mutilation of the photograph.
- Place photograph in envelope with other application materials.
- DO NOT USE GLUE OR STAPLES TO ATTACH PHOTOGRAPH.



RETURN YOUR RENEWAL APPLICATION TO POST OFFICE BOX 9100, TALLAHASSEE, FL 32315-9100.

IF YOU HAVE ANY QUESTIONS, CONTACT THE PUBLIC INQUIRY SECTION AT DOLWEBOTESHEROWELDRIDGEOM OF (650) 245-5691.

CHECK

	608
OMAR S. MATEEN 490 NW DOVER CT PORT SAINT LUCIE, FL 34983	7/18/2013 BI-8419/2670 892
Pay to the DIVISION OF LE Order of HUNDRED TWELL	ICENSING \$ 112.00
PNCBANK PNC Bank, NA 001 Florida:	
For GLICZIOSC	
	609
OMAR S. MATEEN 490 NW DOVER CT PORT SAINT-LUCIE, FL. 34983 Pay to the DIVISION OF	7/18/2013 - 63-8419/2670 892
PORTY FINE AND	2/100 Dollars II Statistica
PNCBANK PNC Bank, N.A 001 Plorida LICENSE	

SSN: +054459859



Florida Department of Agriculture and Consumer Services

Division of Licensing

RENEWAL NOTICE

Chapter 493, Fiorida Statutes Post Office Box 5767•Tallahassee, FL 32314-5767•(850) 245-5691 www.mylicensesite.com

DATE PRINTED: APR 19, 2015

FDACS-16010 Rev. 01/15 Page 1 of 2

LICENSE #: D -27-23758

WILL EXPIRE: SEP 14, 2015

MATEEN, OMAR APT#107 2513 S 17TH ST FORT PIERCE, FL 34982 11161986

T069324058

! [TILLED !!] [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] | [1] |

SECURITY OFFICER LICENSE RENEWAL ALLOW 8-10 WEEKS FOR PROCESSING. FOR CREDIT CARD PAYMENT OPTION, VISIT WWW.FRESHFROMFLORIDA.COM AND CLICK 'ONLINE PAYMENTS.'

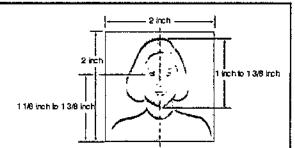
772-812-5560

HAVE YOU CHANGED YOUR RESIDENCE ADDRESS OR MAILING ADDRESS? The information below reflects your residence address and your mailing address on file with the Division of Licensing. If the information is contained blank. If your residence address OR your mailing address has changed, please enter the correct information.	rrect leave
CURRENT RESIDENCE ADDRESS 2513 S 17TH ST APT#107 FORT PIERCE, FL 34982 CURRENT MAILING ADDRESS 2513 S 17TH ST APT#107 FORT PIERCE, FL 34982 FORT PIERCE, FL 34982	
RESIDENCE ADDRESS RECEI	VER
RESIDENCE ADDRESS CONTINUED (SLITE BUILDING APT ETC)	2015 ,
RESIDENCE ADDRESS CO <i>ntinued</i> (Suite, Building, APT., ETC)	• 1
WEST PALM REGIONAL O	BEACH
CITY	
MAILING ADDRESS IF DIFFERENT FROM ABOVE	
MAILING ADDRESS CONTINUED (SUITE, BUILDING, APT., ETC)	Ì
CITY STATE ZIP CODE +4	
E-MAIL ADDRESS	
BY SUBMISSION OF THE RENEWAL APPLICATION, YOU ARE CONFIRMING YOUR CONTINUED ELIGIBILITY FOR THE LICENSE UNDER CHAPTER 493, FLORIDA STATUTES.	
SUBMIT THE FOLLOWING WITH YOUR RENEWAL APPLICATION	
1. ONE PASSPORT-TYPE COLOR PHOTOGRAPH (SEE SPECIFICATIONS ON REVERSE SIDE).	
2. A CHECK OR MONEY ORDER MADE PAYABLE TO THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES IN THE AMOUNT OF	45
IF APPLICABLE:	
3. YOU MAY RENEW YOUR LICENSE UP TO 3 MONTHS AFTER IT EXPIRES. IF YOUR RENEWAL APPLICATION IS	45
IF YOUR LICENSE HAS BEEN EXPIRED FOR 3 MONTHS OR MORE, YOU MUST REAPPLY. IT IS UNLAWFUL TO PERFORM REGULATED DUTIES WITH AN EXPIRED LICENSE.	

COLOR PHOTOGRAPH SPECIFICATIONS (PASSPORT-SIZE PHOTO)

Your photograph must be:

- > In color, non-retouched.
- > Printed on matte or glossy photo quality paper.
- > 2 x 2 inches (51 x 51 mm) in size.
- Sized such that the head is between 1 inch and 1 3/8 inches (between 25 and 35 mm) from the bottom of the chin to the top of the head.
- > Taken within the last 6 months to reflect your current appearance.
- > Taken in front of a plain white or off-white background.
- Taken in full-face view directly facing the camera.
- > With a neutral facial expression and both eyes open.
- Taken in clothing that you normally wear on a daily basis:
 - » Uniforms, clothing that looks like a uniform, and camouflage attire should not be worn in photos except in the case of religious attire that is worn daily.
 - you may only wear a hat or head covering if you wear it daily for religious purposes. Your full face must be visible and your head covering cannot obscure your hairline or cast shadows on your face.
 - » Headphones, wireless hands-free devices or similar items are not acceptable in your photo.
 - » If you normally wear prescription glasses, a hearing device or similar articles, they may be worn for your photo. Glare on glasses is not acceptable in your photo.
 - » Dark glasses or non-prescription glasses with tinted lenses are not acceptable unless you need them for medical reasons (a medical certificate may be required).



RETURN YOUR RENEWAL APPLICATION TO POST OFFICE BOX 5767, TALLAHASSEE, FL 32314-5767.

IF YOU HAVE ANY QUESTIONS, CONTACT THE PUBLIC INQUIRY SECTION AT DOLWEB@FRESHFROMFLORIDA.COM OR (850) 245-5691.

RECEIVED

AUG 19 2015 USG

DIVISION OF LICENSING WEST PALM BEACH REGIONAL OFFICE

CHECK

OMAR S MATEEN 2513 S,17TH ST-APT 107		104
FORT PIERCE, FL 34982-5707	0/19/15	63-8419/2670 892
FDACS	Dete	
Pay to the Order of	\$ [.] 4;	5.00
FORTY FIVE AND YOU	Dollar	9 A
@ PNCBANK		
PNC DENK. N.A. GOL FOR D LICENSE	0 1	
For D CICENSE		

 SSN :

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RECEIVED

AUG 19 2015 USGS

DIVISION OF LICENSING WEST PALM BEACH REGIONAL OFFICE

Photo on File

SSN:\

Obtained via FL Open Records Law by Judicial Watch, Inc.

70\$030000010151

MATEEN, OMAR

490 NW DOVER CT, PSL, FL 34983

US 11 15 1988

20070917

WACKENHUT, PLM BCH GDNS, FL

493 FS

Bryan, Whitney

From: Shamis, Mitch

Sent: Monday, September 17, 2007 4:22 PM

To: Kidd, Ilene Cc: Speaker, Fred

Subject: Approval; MATEEN, OMAR, 70S030000010151

The Live Scan response has been received; subject deemed NONIDENT. Temp G is approved.

-----Original Message-----

From: Kidd, Ilene

Sent: Monday, September 17, 2007 11:12 AM

To: TEMPG

Subject: MATEEN, OMAR ______OS030000010151

Obtained via FL Open Records Law by Judicial Watch, Inc.

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES ECEIVED DIVISION OF LICENSING

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691

Internet Address: http://licgweb.doacs.state.fl.us

Chapter 493, Florida Statutes

SEP 97 2007



T01997832-6

0 FP Sent DIVISION OF LICENSING WEST PALM BEACH REGIONAL OFFICE

APPLICATION FOR STATEWIDE FIREARM LICENSE - CLASS "G"

Please read all instructions carefully BEFORE YOU BEGIN. To prevent unnecessary delays in the processing of your application, be sure to answer all questions and submit any necessary documentation. PLACE NUMBERS & LETTERS INSIDE BOXES AS SHOWN. S M I T H 1 2 3
SECTION I. APPLICANT INFORMATION
SOCIAL SECURITY NO. ALIEN REGISTRATION NO.
''iyou are an alien, you must also provide your Alien Registration Number.
LAST NAME FIRST NAME MI
Mattern DMAR DMAR
RESIDENCE ADDRESS
490 NW DOVER CT
RESIDENCE ADDRESS
CONTINUED (SUITE, BLDG., APT., ETC.)
CITY STATE ZIP CODE
Port 5+ Lucie
MAILING ADDRESS IF DIFFERENT FROM ABOVE
MAILING ADDRESS
CONTINUED (SUITE, BLDG., APT., ETC.)
CITY STATE ZIP CODE
SEX RACE EYE COLOR HAIR COLOR DATE OF BIRTH (MMDDYYYY) WEIGHT HEIGHT
M W BILCK BICK 11161986 220 5 FT 11 IN
PLACE OF BIRTH (CITY, STATE OR PROVINCE, AND COUNTRY)
LONG ISLAND NEW YORK
HOME PHONE NUMBER WORK PHONE NUMBER
7726218581 7724869225
E-MAIL ADDRESS



CHARLES H. BRONSON COMMISSIONER

SECTION II. PRIOR ADDRESS DISTORD				
Please list all addresses where you have lived for the past 5 YEARS. Begin with separate sheet of paper.	h your current address, if more spa	ce is required, you may use a		
STREET ADDRESS 490 NW DOVW	ot			
CITY Port St. Lucie	STATE	34683		
LENGTH OF TIME AT THIS ADDRESS FROM THE MONTH	1706 TOUTH THE YEAR MONTH	YVENT VICTURED YEAR		
STREET ADDRESS 864 NW Stanford	LN			
CITY Port St. Lucia &L	STATE	¹¹ 54983		
LENOTH OF TIME AT THIS ADDRESS FROM TITLE MONTH	YEAR MONTH	1003 YEAR		
STREET ADDRESS 824 NW Water 11	ly PL			
CITY	STATEFL	34983		
LENDTH OF TIME AT THIS ADDRESS FROM MICELLETTICS MONTH	200 09 VERTILITATION MONTH	7 90} I/UUIIIIIIIII YEAR		
STREET ADDRESS				
CITY .	STATE	GP .		
LENDTH OF TIME AT THIS ADDRESS FROMMOTOTICLE.	17(1917:1317:03120) TO WILLIAM (1807)	O'ALTERIANTED		
MONTH	YEAR MONTH	YEAR		
STREET ADDRESS				
CITY	STATE	ÜР		
LENDTH OF TIME AT THIS ADDRESS FROM (INTERCED TO MINISTER MONTH YEAR MONTH YEAR				
STREET ADDRESS		ii.h.i		
CITY	STATE	OP .		
LENDTH OF TIME AT THIS ADDRESS FROMULETE:::::::::::::::::::::::::::::::::::				
STREET ADDRESS				
	LOTATE	Ino		
CITY	STATE	OP		
LENGTH OF TIME AT THIS ADDRESS FROMULTIONS	D'CLELLERS DE TOUCHELLERS	D'0011111111111111111111111111111111111		
MONTH	YEAR MONTH	YEAR		

SECTIONILL PRIOREMEDOSMENT ISTORU					
Provide your employer's name & address and your dates of employment for the past 5 YEARS. Begin with your current employer. If you were not employed at any time during the past 5 years, write "unemployed" under Name of Employer and provide the corresponding dates in Dates of Employment. If more space is required, you may use a separate sheet of paper.					
NAME OF EMPLOYER MOSTIN Correctional Insti	tute PHONE NUMBER (172) 597-3705				
STREET ADDRESS	Port St. by Indiantown, FL				
Concectional Officer	FROMD COLORED CONTROL TOP COLORED CONTROL CONT				
SUMMARY OF JOB DUTIES	, MONTH YEAR MONTH YEAR				
Kroping track of innates					
NAME OF EMPLOYER GENERAL Nutrition Center	PHONE NUMBER (772) (92-1386				
3016 NW Fabral HWM	Jensen Beach, FL				
Sales associate	FROMD CONTROL TO CONTROL FROMD				
SUMMARY OF JOB DUTIES	MONTH YEAR MONTH YEAR				
Schling multivitamens and help	ing Cas sources				
	I DUONE NUMBER				
NAME OF EMPLOYER HOLL, STER CO.	PHONE NUMBER 2-1767				
3178 NU Fabral Hwy	Jensan Bach FL				
Sales associate	FROMD CONTROL TOD CONTROL (CONTROL CONTROL CON				
SUMMARY OF JOB DUTIES	MONTH YEAR MONTH YEAR				
Folling Clothes helping Ci	work				
	Tours and week				
NAME OF EMPLOYER GOWS Gym	PHONE NUMBER (772) 875-7662				
236 NW Parcock Blue	Port St. Lucie FL				
Goor Watcher	PROMO CITTLE TO CONTROL OF CONTRO				
SUMMARY OF JOB DUTIES	MONTH YEAR MONTH YEAR				
Making sur all equipment	- worked properly				
NAME OF EMPLOYER NUTRITION, WORLD	PHONE NUMBER (14-75-98				
STREET ADDRESS 2501 US ITMY	CITY, STATE, CIP CODE FOR PIORCY FL				
Sales associate	FROMD CORPUTED CONTROLLE TOD CONTROLLE (ALLEGODO)				
SUMMARY OF JOB DUTIES	MONTH YEAR MONTH YEAR				

SECTION IV.		TOR □				
Have you ever served in the armed forces() If YES, complete the following()				0,450	0/10	
Type of discharge (Type of discharge (Type of Separation (Type of			OYES	⊌ NO		
SECTION V.	CRIMINAL DIS	TOR				
	cted or had adjudication wit		or misdemeanor i	n any jurisdiction()	-	
(Do not include part	king or speeding violations). curate and complete Informa	ation helow ANO subt	mit certified conie	es of court dispositions	OYES	⊕\no
				ons may result in the denial of	your appli	cation.
DATE OF ARREST	COUNTY/STATE	CHARG	ES	DISPOSITION	(S)	
]				1
 				<u> </u>		
		Ì				
	e, probation, deferred prose	ecution, pre-trial inter-	vention, or any ot	her form of state	OYES	CYNO
or federal supervision□ SECTION VI.	ALIASES					
	m by a name other than the alden, professional, alias, or				OYES	-Ø/NO
NAME			NAME			
NAME			NAME			
SECTION VII.	PERSONAL □IS	TOR				
	idjudicated incapacitated*				OYES	040
	citated" means the court h ide proof that you have be				U123	9,40
b) Have you ever been involuntarity placed in a treatment facility for the mentally ill/under Chapter 394, F. S., or under the authority of similar laws of another stated				OYES	Ø NO	
If YES, you must provid	e proof that you have been	granted relief from fe	deral fiream dis	abilities.		
	agnosed with a mental illnes a statement from a psychiat		censed in Flo <i>ri</i> da	attesting that you ere not	OYES	ONO
currently suffering from	a mental illness that preclu	des you from perform	ning regulated du	ties in an armed capacity.		
d) Do you currently abuse	eny controlled substance()				<u>OYES</u>	<u>Owo</u>
	of controlled substance abus		bilitation program	and three letters of reference,	OYES	Ø NO
	from your sponsor in the re		omitation program	and three totals of relevance;	<u> </u>	<u> </u>
f) Do you have a history of alcohol abuseD If YES, please submit evidence of successful completion of an alcohol rehabilitation program and three letters of						ÖNO
If YES, please submit evidence of successful completion of an alcohol rehabilitation program and three letters of CYES SNO reference, one of which should be from your sponsor in the rehabilitation program.						
SECTION VIII. TRAINING/E PERIENCE						
	completed firearms training a the past 12 monthsDSee se			or received other quelifying RUCTIONS.	ØYES	9410
b) Heve you ever been licensed to carry a firearm in Florida or in any other state□					~/	
If YES, please specify which state and the period of time during which you were ficensed□				OYES	Θ' NO	
STATE: (
c) Have you ever had a firearms license or registration revoked, suspended, or otherwise acted against (including probetion, fine, reprimand, or surrender of license) in a disciplinary proceeding in any state.				OYES	⊘ ∕No	
If YES, please provide in the space below complete details regarding this action, including the state in which the action occurred, relevant dates, and circumstances.						
						

SECTIONAL CEEMPTION FROM PUBLICATE CORDS DISCLOSURE #1-	AL		
See Section IX of the Application Instructions to determine if you qualify for exemption from Public Records Disclosure. If you do not qualify for the exemption, proceed to Section X. If you qualify for the exemption, do you wish to have the information kept confidential.	Oyes	Оио	
SECTION CONTROL CONTROL OF THE SECTION CONTRO	e y dag (* light		
a) Have you ever renounced your U. S. citizenship if YES, you are not eligible for licensure.	OYES	O.NO	
b) Are you a citizen of the United States if YES, proceed to Section XI of the application form. Note that you must submit proof of citizenship. If NO, you must answer question (c) below See Section X of the APPLICATION INSTRUCTIONS for further details.	YES	ONO	
c) Are you deemed a lawful permanent resident alien by the Department of Homeland Security, United States Citizenship and immigration Services (USCIS, formerly USINS). If YES, you must submit a clear and legible copy of the documentation issued to you by the USCIS. If you are not a lawful permanent resident alien, you are not eligible for licensure.	OYES	Оио	
SECTIONAL PERSONAL INQUIRE WALVER AND NOTARIZATION STATES	MENT		
1 certify that I understand that the Division of Licensing will conduct any investigation deemed necessary to assure that I have met all statutory requirements for licensure. I understand that inquiry shall be made regarding my criminal history and that subsequent investigation may include my school records, employment history, finandal records, any history of controlled substance or alcohol abuse, and my mental capacity. I hereby waive any provision of law forbidding any school official, court, police agency, employer, firm or person from disclosing to the Division any knowledge or information concerning me, and I do certify that I give permission for such entity to disclose eny information and to provide eny record			
requested concerning me to the Division. I also affirm that the Information contained in this application and all attachments I have submitted to be true and correct to the best funderstand that fatsification of any information or documentation submitted with this application may be grounds for denial or revo			
Signeture of Applicant Date Signed			
STATE OF FLORIDA Palm Beach			
The foregoing application was sworn to (or affirmed) and subscribed before me this DILLI) day of DEPORTURE OF COMMEDIATE Print Name of Application was sworn to (or affirmed) and subscribed before me this DILLI) day of DEPORTURE OF COMMEDIATE PRINTS OF APPLICATION OF COMMEDIATE PRINTS OF APPLICATION OF COMMEDIATE PRINTS OF APPLICATION OF COMMENTS OF APPLICATION OF COMMENTS OF APPLICATION OF COMMENTS	111111111111111111111111111111111111111	îiii	
Personally unown Produced Identification Type of Identification Produced UTITITITITITITITITITITITITITITITITITITI			
SEGTION CHI EMPLODER STATEMENT (TO BE COMPLETED BO APPLICANT'S B	MPLOUE	R)	
We have ravious the completed application and have approved the applicant for hiring. Agency License # Agency Phone # Signature of Agency Here	di Ne z p	ate	
SUITE 102	9/11	2/07	
PALM BEACH GARDENS, FL. 33410 AB9600012 561'691-5737 SECTION CIT. SEATTLE CERTIFICATE	-1/1/	707	
To be completed by examining physician or physician assistant currently licensed pursuant to Chapter 458, Chapter 45 of enother state or authorized to act as a licensed physician by a federal agency or department or by an advanced registractitioner currently licensed pursuant to Chapter 484. I certify that I have examined the applicant named herein and four ments that, to the best of my knowledge, would preclude this person from performing duties in an armed capacity.	stered nurse	, !	
APPLICANTIS NAME OMAR Mateen			
NAME OF PERSON PERFORMING EXAM (T) EXAMINERS LICENSE # DATE EXAMINED			
Syed Shafeeq a, Rahmin meracoar 9-6	-6>		
505 5. Urginia Aver Suitelle			
Fort Piecce State Sy	08 J		
Signature of Person Performing Examerity (1777)	- ,		



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES DIVISION OF LICENSING

Post Office Box 6687 • Tollahassee, FL 32314-6687 • (850) 245-5499

Internet Address: http://licgweb.doacs.state.fl.us

Chapter 493, Florida Statutes

CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE To be completed by Class "K" Firearm's Instructor. This form must be completed in its entirety. Type or use black ink.

Student Name Student's S.S. # Agency License # Employing Agency Type (Revolve) Pistol, Shotgun) Student's Signature Date Training Completed Hours NOTE: IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE REASON MUST BE STATED IN THE "COMMENTS" SECTION. Comments: I certify that the above named student has satisfactority completed the prescribed training as set forth in the Department of Agriculture and Consumer Services Firearms Instructor's Training Manual, that all information contained herein is true and copiech and to the best of my knowledge the above named student is qualified to carry a firearm in connection with his or her duties. Instructor's Name (print or type) instructor's License Instructor's Signature Date Mail Original to: Fronda Department of Agriculture and Consumer Services Yellow Copy: Instructor's copy. Must be retained by instructor of a period of two years from Division of Licensing date training completed whether or not the student passed the course.

Pink Copy:

student passed the course.

Student's copy. Given to student upon completion of course whether or not the

DACS-16005 12/05

Post Office Box 6687

Tallahassee, FL 32314-6687



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

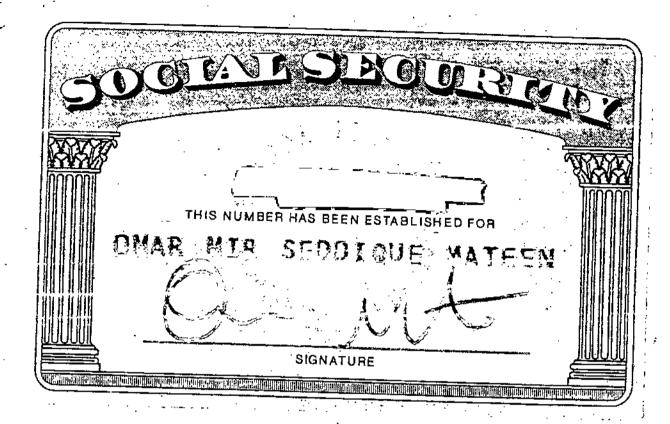
TEMPORARY CLASS "G" LICENSE

•		CHARACTER C	ERTIFICATION	
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 C	ORPORATION	·	· · · · · · · · · · · · · · · · · · ·
Agency Address:	4200 WACKENHUT	DRIVE, SUITE 1	02 PALM BEACH	GARDENS, FL33410
License No:	AB9600012	Telephone No: _	(561) 627-0068	
a) validated the application within the (c) presentation absence control (c)	een determined to be men written psychological test eation is submitted; by a psychologist or psyc e 12-month period imme on of a DD-214 form issu if emotional or mental inst	taken within the 12-n chiatrist licensed in this diately preceding the ed within the previous tability at the time of di	nonth period immedia s state or by the Federa date the application is 12 month period that scharge from military sc	I Government made is submitted; or at establishes the ervice.
			•	ily and emotionally stable:
DR. CÁ	written psychological test ROL NUDELMAN, PS sychologist, psychiatrist o	SY.D.,P.A.		
Address o Address o Presentati As the authorized represents of my knowledge.	THIS DOCUMENT IS EXEC	t or agency administer a copy of the DD-214 acy, I hereby state that the control of the control by the control of the control control of the control control of the control control of the control control	ing test/evaluation to this form. he information provided he ALSIFICATION OR MISE	erein is true and accurate to the REPRESENTATION SUBJECTS 337.06, FLORIDA STATUTES.
Omar Mate	en		(
Typed Name of Applicar	n/Employee Rodriguez	A	pplicarit pployee's Social	Security Number
Typed Name of Licenser	Agency Owner or Manager	3	ignature of Licensed Agency	Owner or Manager
M2700041	ager (Class "D" "M", "MA" or "ME	B"\ ·		
STATE OF FLORIDA COUNTY OF Palm		<u> </u>	•	
Eduardo J. Name of Agency	Rodrigues		- Anglis	PY SIGNATURE STAMP NAME OF NOTARY
		Personally Knov	yn	<u> </u>
		or Produced Identification	on	

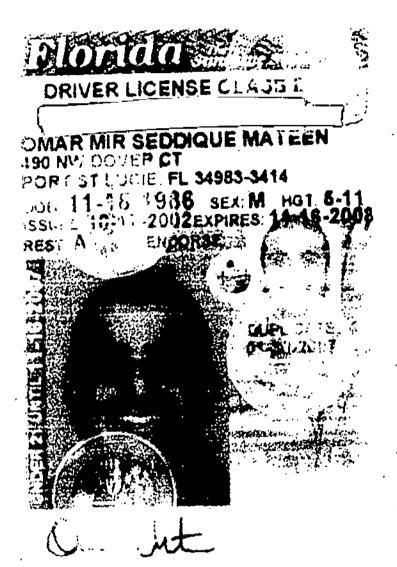
Type of Identification Produced

Obtained via FL Open Records Law by Judicial Watch, Inc.





j



1110701300064 SAFE DRIVER Operation of a motor vehicle constrained accept to any cobainty test required by the

RESTRICTIONS: A-Corrective Lenses

ENDORSEMENTS:
UNDER 18 YRS OF AGE: 16 Yrs - No 11 prn to 6 am driving unless with 21 yr or older licensed driver or driving to and from work. 17 Yrs - No 1 am to 5 am driving unless with 21 yr or older licensed driver or driving to and from work.

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE.

The State of Florida retains all property rights herein.



Fred O. Dickinson
Executive Director, OHSMV Sandra C. Lambert Director of Driver Licenses

P710701300064

www.hsmv.state.fl.us



Obtained via FL Open Records Law by Judicial Watch, Inc.

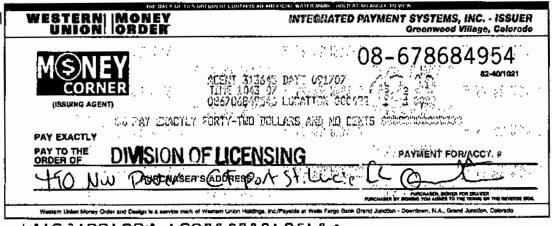
TEMPORARY CLASS "G" LICENSE CHECKLIST FOR INDIVIDUAL APPLICANT

(To be completed by DOACS/DOL Regional Office Staff)

Agency Name:	WACKENHUT		
Address:	4200 WACKENHUT DR, SUITE 102,	PALM BEACH GARDE	NS, FL, 33410
License #:	A89600012	Telephone #;	561-627-0068
Applicant Name:	OMAR MATEEN		
Address:	490 NW DOVER CT, PT ST LUCIE, FI	_, 34983	
SS #:		Telephone #:	772-621-8581
License # (if app	licable):	Expiration Date	•
1. Is currently I "MA" or "D' 2. Has been giv 3. The employed Agency Chart Agency Ch	license may be issued to applicant made incensed and employed as, or has made and approval by BLI. Date: The has ceritified the applicant to be meacter Certification or attaching a DD ard (when applicable)	le application for, a C	Class "C", "CC", "M", "MB", ; me
Have the applican	nt sign below:	·	
(\bigcirc)	1	·. 108068	
Applicant Signat	ure when Fingerprinted	Temporary "G" I	License Number
Daniel Daniel		Received By:	
Processing Person	nnei/Date	Mailed To:	

MONEY ORDER Washington Mutual Bank PAY EXACTLY NOT GOOD FOR MORE THAN \$1,000.00 17, 2007 ONE HUNDRED THENTY 4556 (1089) Issued By integrated Payment Systems Inc., Englewood, Colorado To Citibank, N.A., Buffalo, NY 1659 112

"O 29763" "O 22000868" 25007818413509"



4008678684954<u>6</u># ÷: 10 2 100 400:



G-2704169

TEMPORARY CLASS "G" LICENSE

CHECKLIST FOR INDIVIDUAL APPLICAN RECEIVED

(To be completed by DOACS/DOL Regional Office Staff)

SEP 18 2007

DIVISION OF LICENSING WEST PALM BEACH REGIONAL OFFICE

Agency Name:	WACKENHUT		
Address:	4200 WACKENHUT DR, SUITE 102, PAL	M BEACH GARDE	NS, FL, 33410
License #:	AB9600012	Telephone #: _	561-627-0088
			•
Applicant Name:	OMAR MATEEN	. <u></u>	
Address:	490 NW DOVER CT, PT ST LUCIE, FL, 3	4983	
ss#: (Telephone #:	772-621-8581
License # (if appl	icable):	Expiration Date	
 Is currently li "MA" or "D" Has been give 3. The employer Agency Chara 	license may be issued to applicant meet icensed and employed as, or has made at and en an approval by BLI. Date: 9/17 has ceritified the applicant to be mental acter Certification or attaching a DD-21 ard (when applicable)	pplication for, a C /07 Tin lly and emotionall 4 form.	lass "C", "CC", "M", "MB", ne <u>Y: 22 fm</u> y stable by completing 5A of the
Applicant Signate	at sign below: are when Fingerprinted 9/18/07	108068 Temporary "G" L Received By: Mailed To:	

Omar Mateen G 2704169

Date Created: 10/8/2007

Application reviewed by GV; checklist completed; no errors found.



RENEWAL NOTICE FOR STATEWIDE FIREARM LICENSE

Chapter 493, Florida Statutes

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691 Internet Address: http://mylicensesite.com

DATE PRINTED:

APR 16, 2009

LICENSE #: G -27-04169

WILL EXPIRE:

SEP 13, 2009

MATEEN, OMAR 490 NW DOVER CT PORT ST. LUCIE, FL 34983 11161986

609-815-0313

PLEASE ALLOW 4-6 WEEKS FOR

Pigaso read the instructions below BEFORE YOU BEGIN. Failure to submit required documentation will result in unnecessary d

T02589115-8

ìon.

DIVISION OF LICENSING WEST PALM BEACH REGIONAL OFFICE

Color Photograph Specifications (Passport Size Photo)

- Photograph must show the subject in a frontal portrait (no hats, no sunglasses).
- Photograph outer dimensions must be larger than 1 1/4" w X 1 3/8" h.
- Photograph must be color with a light colored background (no fancy backdrop, lettering, etc.).
- Surface of the photograph <u>must be glossy</u>.
- . Photograph must not be stained, cracked or mutilated, and must lie flat.
- Photographic image must be sharp and correctly exposed; photograph must not be retouched.
- Photograph must not be pasted on cards or mounted in any way.
- · One photograph of every applicant must be submitted.
- · Photographs must be taken within six months of the application date.
- . Snapshots, group pictures, or full-length portraits will not be accepted.
- . To avoid mutilation of the photograph, lightly print your name & date of birth on the back using a crayon or felt tip pen.
- . Do not use glue, staples, or a paperclip to attach photograph to application. Doing so may cause damage when mail is sorted by the U.S. Post Office.
- · Do not cut the photograph.

PLEASE COMPLETE THE REVERSE SIDE AND SUBMIT THE FOLLOWING:

TO RENEW YOUR LICENSE, PLEASE RETURN THIS NOTICE WITH THE FOLLOWING:

A PASSPORT-TYPE COLOR PHOTOGRAPH (SEE ABOVE FOR DETAILS).

A CHECK OR MONEY ORDER IN THE AMOUNT OF \$112. IF YOUR RENEWAL APPLICATION IS RECEIVED AFTER THE EXPIRATION DATE OF YOUR LICENSE, LATE FEE EQUAL TO THE AMOUNT OF THE LICENSE FEE IS REQUIRED. BY I FEES CANNOT BE REFUNDED.

> \$112.00 BY 09/13/09 \$224.00 AFTER 09/13/09 <-INCLUDES LATE FEE \$112.00 BY

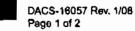
PROOF OF 4 HOURS FIREARMS TRAINING TAKEN DURING BOTH OF THE PRECEDING 2 LICENSURE YEARS (NOT CALENDAR YEARS): 8 HOURS TOTAL. IF PROOF OF ANNUAL TRAINING CANNOT BE PROVIDED, YOU MUST RETAKE THE 28 HOUR COURSE REQUIRED FOR INITIAL LICENSURE.

TO CARRY A FIREARM. FEDERAL CODE REQUIRES YOU TO BE A US CITIZEN OR DEEMED A PERMANENT LEGAL RESIDENT ALIEN BY THE US IMMIGRATION & NATURALIZATION SERVICE.

IF YOUR LICENSE HAS BEEN EXPIRED FOR 3 MONTHS OR MORE, YOU MUST REAPPLY. UNLAWFUL TO WORK IN AN ARMED CAPACITY WITH AN EXPIRED 'G' LICENSE. BY SUBMISSION OF THE RENEWAL APPLICATION, YOU ARE CONFIRMING YOUR CONTINUED ELIGIBILITY FOR THE LICENSE UNDER CHAPTER 493, FLORIDA STATUTES.

FOR ASSISTANCE, PLEASE CONTACT THE REGIONAL OFFICE IN YOUR AREA OR CALL 850-245-5691.





PLACE NUMBERS & LETTERS INSIDE BOXES AS SHOWN.	SMITH 123
IF ADDRESS AS INCORRECT, PLEASE MAKE CORRECTIONS IN THE SPACE PRO	VIDED BELOW.
RESIDENCE ADDRESS	. :
RESIDENCE ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.) CITY STATE ZIP CO	DE
MAILING ADDRESS - IF DIFFERENT FROM ABOVE	
MAILING ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.) CITY STATE ZIP C	CODE -
THIS AFFIDAVIT IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION OF ANY PART OR THE APPLICANT TO CRIMINAL PROSECUTION UNDER SECTION 837.06, FLORIDA STATUTES. Before me this day personally appeared who, being duly sworn, deposes and says: I DO SWEAR AND AFFIRM THAT: a) I remain qualified under Section 493.6,106 Florida Statutes, for a Statewide Firearm license. b) The information contained in this application and all attached documents are true and correct to the best of my known and silential attached documents are true and correct to the best of my known and silential attached documents are true and correct to the best of my known and silential attached documents are true and correct to the best of my known and silential attached documents are true and correct to the best of my known and silential attached documents are true and correct to the best of my known and silential attached documents are true and correct to the best of my known and silential attached documents are true and correct to the best of my known and silential attached documents are true and correct to the best of my known and silential attached documents are true and correct to the best of my known are true and correct to the best of my known are true and correct to the best of my known are true and correct to the best of my known are true and correct to the best of my known are true and correct to the decimal attached and true are true and correct to the decimal attached and true are true and correct to the decimal attached and true are true and correct to the decimal attached and true are true and correct to the decimal attached and true are true are true and true are true are true are true and true are true ar	
6/23/0	in Signed
The foregoing application was swom to (or affirmed) and subscribed before me this 23 rd day of June	, 20 <mark>09</mark> , by:
Commission DD 764803 Expires June 8, 2012 Bonded Tip: Tray Fall Inscrince 800-305-7019 Deborah Ann Fre	RYSISMATURE REMATI STAMP NAME OF NOTARY





COMMISSIONER

Florida Department of Agriculture and Consumer Services Division of Licensing

CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE

Chapter 493, Florida Statutes

Post Office Box 6687 • Taliahassee, FL 32314-6687 • (850) 245-5691

Internet Address: http://mylicensesite.com

To be completed by Class "K" Firearm's Instructor. This form must be completed in its entirety. Type or use black ink. Student Name Student's S.S. # Agency License # **Employing Agency** Firearm/Model Caliber Other Specialized Training Range Score Type (Revolve) Pistol, Shotgun) Exam Score 100 <u> 238</u> Date Training Completed Student's Signature Hours NOTE: IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE REASON MUST BE STATED IN THE "COMMENTS" SECTION. Comments: i certify that the above named student has satisfactorily completed the prescribed training as set forth in the Department of Agriculture and Consumer Services Firearms Instructor's Training Manual, that all Information contained herein is true and correct, and to the best of my knowledge the above named student is qualified to carry a firearm in connection with his or her duties. Instructor's Name (print or type) Instructor's Signature Date USE OF SOCIAL DECURITY NUMBERS The submission of the student's social security number is voidnisry and is requested pursuant to sections 119.071(5)(a)2, 493.6105(3)(d), 493.6304(2)(a) and 493.6405(2)(a), Florida Statutes, for identification purposes, to prevent misidentification, and to facilitate the approval process. Mail Original to: Florida Department of Agriculture and Consumer Services Yellow Copy: Instructor's copy. Must be retained by instructor for a period of two years from Division of Licensing date training completed whether or not the student passed the course. .-Post Office Box 6687 Student's copy. Given to student upon completion of course whether or not the Pink Copy:

student passed the course.

DACS-16005 Rev. 10/07

Taliahassee, FL 32314-6687



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES DIVISION OF LICENSING

Post Office Box 6687 * Tallahassee, FL 32314-6687 * (850) 245-5499 Internet Address: http://liegweb.doacs.state.fl.us Chapter 493, Florida Statutes

CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE

` Ta be comp	leted by Class "K" Fired	arm's Instructor. This	form must be o	ompleted in its entiret	y. Type or use black ink.
Student Name OMAR	MIR SEDDI	QUE MATO	Stu	udent's S.S. #	
Employing Agency TW	C		Ag	ency License #	
Range Score 20 Exam Sco	Firearm/Mo		ype (Revolver, REVO	Pistol, Shotgun) LVER	Other Specialized Training
Date Training Completed	Hours 4	Student's Signatu	re O	Mb	
NOTE: IF THE STUDENT FAILED	TO QUALIFY FOR ANY R	EASON, THE REASON N	NUST BE STATED	IN THE "COMMENTS"	SECTION.
I certify that the above named studer	nt has causfactor y complete	d the prescribed training as	set forth in the Dep	partment of Agriculture and	Consumer Services Firearms Instructor's Training carry a firearm in connection with his or her duties.
		and to the best of thy kitowa	age ele above nan	Instructor's License	
Instructor's Name (print or type	<u>"Tyson</u>		-	<u> </u>	0040
Instructor's Signature	Swon			Date 7-13	-08
Mail Original to Florida Departm Oversign of Lice	nent of Agriculture and Connaing		date trair	ning completed whether o	d by instructor for a period of two years from or not the student passed the course.
Post Office Box Tallabassee, FI		Pink C		copy. Given to student t	pon completion of course whether or not the

DACS-16005 12/05

CHECK

	EJ-M18/233 504 2570 137764128 (/2J/09 LICENSING \$ 1/2.00 dollars and 9/10 DOLLARS A
National City. MEMO License	O A

SSN:



Floridad Department of Agrisulture and Consumer Services

Division of Licensing

RENEWAL NOTICE FOR STATEWIDE FIREARM LICENSE



Chapter 493, Florida Statutes



DATE PRINTED: APR 17, 2011

LICENSE #: G -27-04169

WILL EXPIRE: SEP 13, 2011

MATEEN, OMAR 490 NW DOVER CT PORT ST. LUCIE, FL 34983 11161986

T036923826

. I TO THE REPORT OF A PORT OF THE PROPERTY OF

PLEASE ALLOW 8-10 WEEKS FOR PROCESSING.

DO MOCUTAMITA CUANCULO TESSICUNOS ADDRESS AND	

The information below reflects your residence address and your mailing eddress on file with the Division of Licensing. If the information is correct leave this area blank. If your residence address OR your mailing address has changed, please enter the correct information.

CURRENT RESIDENCE ADDRESS 490 NW DOVER CT PORT ST. LUCIE, FL 34983 CURRENT MAILING ADDRESS 490 NW DOVER CT PORT ST. LUCIE, FL 34983

RESIDENCE ADDRESS

1 9TH ST APTIOT 2513

PHONE NUMBER

7729853092

RESIDENCE ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)

FORT PIERCE.

STATE ZIP CODE

MAILING ADDRESS

MAILING ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)

CITY

ZIP CODE STATE

ONPATROLIPE COMPHOLICEM **EMAIL ADDRESS**

SUBJECT TO BE FOLLOWING WITH YOUR RENEWAL APPLICATION

BY SUBMISSION OF THE REMEMBER OF A METAL OF A CONFIRMING YOUR CONTINUED BUIGHTLY FOR THE LICENSE WAS PERFORDED AND ASSESSED.

1. ONE PASSPORT-TYPE COLOR PHOTOGRAPH (See Reverse Side)

; !

2. A CHECK OR MONEY ORDER MADE PAYABLE TO THE DIVISION OF LICENSING IN THE AMOUNT OF

PROOF OF 4 HRS FIREARMS TRAINING TAKEN DURING BOTH OF THE PRECEDING 2 LICENSURE YEARS (NOT CALENDAR YEARS): 8 HRS TOTAL. IF PROOF OF ANNUAL TRAINING CANNOT BE PROVIDED, YOU MUST RETAKE THE 28 HR COURSE REQUIRED FOR INITIAL LICENSURE.

IF APPLICABLE:

4. YOU MAY RENEW YOUR LICENSE UP TO 3 MONTHS AFTER IT EXPIRES, IF YOUR RENEWAL APPLICATION IS SUBMITTED AFTER \$112

5. IF YOUR LICENSE HAS BEEN EXPIRED FOR 3 MONTHS OR MORE, YOU MUST REAPPLY. IT IS UNLAWFUL TO PERFORM REGUNATED DUTIES WITH AN EXPIRED LICENSE.

482 6. TO CARRY A FIREARM, FEDERAL CODE REQUIRES YOU TO BE A US CITIZEN OR DEEMED A PERMANENT LEGAL RESIDENT ALIEN BY THE US CITIZENSHIP AND IMMIGRATION SERVICES (USCIS).

DACS-16057 Rev. 1/10 Page 1 of 2

Color Photograph Specifications (Passport Size Photo)

- Photograph must show the subject in a frontal portrait (no hats, no sunglasses).
- Photograph outer dimensions must be larger than 1 ¼" w X 1 3/8" h.
- Photograph must be color with a light colored background (no fancy backdrop, lettering, etc.).
- · Surface of the photogreph must be glossy.
- · Photograph must not be stained, cracked or mutilated, and must lie flat.
- Photographic image must be sharp and correctly exposed; photograph must not be retouched.
- Photograph must not be pasted on cards or mounted in eny way.
- One photograph of every applicant must be submitted.
- Photographs must be taken within six months of the application date.
- · Snapshots, group pictures, or full-length portraits will not be accepted.
- To avoid mutilation of the photograph, lightly print your name & date of birth on the back using a crayon or felt tip pen.
- Do not use glue, staples, or a paperclip to attach photograph to epplication. Doing so may cause damage when mail is sorted by the U.S. Post Offica.
- Do not cut the photograph.

AFFIDAVIT OF CONTINUED	ELIGIBILITY
THIS AFFIDAVIT IS EXECUTED UNDER OATH. FALSIFICATION OR MISRE THE APPLICANT TO CRIMINAL PROSECUTION UNDER SECTION 837.06, F	
Before me this day personally appeared who, being duly sworn, deposes and says:	
DO SWEAR AND AFFIRM THAT: a) I remain qualified under Chapter 493, Florida Statutes, for a Statewing b) The information contained in this application and all attached documents.	
Signature of Applicant	· Date Signed
STATE OF	
The foregoing application was sworn to (or affirmed) and subscribed before	me this day of, 20, by:
Print Name of Applicant	NOTARY SIGNATURE
	PRINT, TYPE, OR STAMP NAME OF NOTARY
Personally Known Produced Identification Type of Identification Pro	oduced





CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE

CHARLES H. BRONSON COMMISSIONER

Chapter 493, Florida Statutes

Post Office Box 9100 * Tallahassee, FL 32315-9100 * (850) 245-5691 Internet Address: http://mylicensesite.com

To be completed by Class "K" Firearm's Instructor. This form must be completed in its entirety. Type or use black ink.

STUDENT NAME MATEEN		Sturiont's . C C	
Employing Agency		Agency License #	
Range Score Exam Score Firearm/Model Caliber	Type (R	valver Pistol, Shotgun)	Other Specialized Training
Name of Range SELF DUFEUSU SHOOTING CENTER ROOTING CONTROL		Range 2 SEVILLANU G	nun DO PSL F/3995
Date Training Completed Hours Student's Studen			A
NOTE: IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE RE Comments:	ASON MUST BE	STATED IN THE "COMMENTS" SE	CTION.
I certify that the above named student has satisfactorily completed the prescribed tri	aining as set forth	n the Department of Agriculture and Co	onsumer Services Firearms Instructor's Training
Manual, that all information contained herein is true and correct, and to the best of m	ny knowledge the	spove named student is qualified to car	ry a firearm in connection with his or her duties.
Instructor's Name (print or type) MI OSPATA KEVUS		Instructor's License #	204/
Instructor's Signature		Date 5	26-2010
USE OF SOCIAL SECURITY NUMBERS			
The submission of the student's social security number is voluntary and is requesional floride Statutes, for identification purposes, to prevent misidentification, and to	facilitate the app	oval process	3)(d), 493.6304(2)(a) and 493.6406(2)(a),
Mail Original to: Florida Department of Agriculture and Consumer Services Division of Licensing Post Office Box 6687	-	date training completed whether or	
Teilahassea, FL 32314-6687	Pînk Copy:	Student's copy. Given to student up	on completion of course whether or not the

student passed the course.

DACS-16005 Rev. 6/09

Tallahassee, FL 32314-6687



CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE

CHARLES H. BRONSON COMMISSIONER

Chapter 493, Florida Statutes

Post Office Box 9100 * Tallahassee, FL 32315-9100 * (850) 245-5691

Internet Address: http://mylicensesite.com

To be completed by Class "K" Firearm's Instructor. This form must be completed in its entirety. Type or use black ink. Student's 5.5. # Student Name $Q_{\mathcal{W}}$ Employing Agency Agency License # Exam Score Other Specialized Training Firearm/Model Caliber Type (Revolve) Pistol, Shotgun) Range Score

234 Location of Range Name of Range 54/1 Dufousa

Date Training Completed Student's Signature

NOTE: IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE REASON MUST BE STATED IN THE "COMMENTS" SECTION

Comments:

certify that the above named student has satisfactorily completed the prescribed training as set forth in the Department of Agriculture and Consumer Services Firearms Instructor's Training Manual, that all information contained herein is true and correct, and to the best of my knowledge the above named student is qualified to carry a firearm in connection with his or her duties.

Instructor's Name (priof or type) Instructor's Signature Date

USE OF SOCIAL SECURITY NUMBERS The submission of the student's social security number is voluntary and is requested pursuant to sections 119.071(5)(a)2, 493.6105(3)(d), 493.6304(2)(a) and 493.6406(2)(a). Florida Statutes, for identification purposes, reprevent misidentification, and to facilitate the approval process.

Mail Original to: Florida Department of Agriculture and Consumer Services Yellow Copy: instructor's copy. Must be retained by instructor for a period of two years from Division of Licansing completed whether or not the student passed the course.

Post Office Box 6687 Pink Copy: Tallahassee, FL 32314-6687

Student's copy. Given to student upon completion of course whether or not the

student passed the course.

DACS-16005 Rev. 6/09

CHECK

		532
OMAR S. MATEEN 490 NW DOVER CT PORT SAINT LUCIE, FL 34983	7/24/11	63-8419/2570 892 Date
Pay to the DIVISION OF L	ILENSING S	112.00
ONE HUNDRED TWEE	IE AND %00	_ Dollars 🗓 Security Fronting Definition on Security
PNCBANK		A
PNC Bank, NA. 001 Plorids G L TCENSE	00	4
For		

SSN

6 2704/69

Obtained via FL Open Records Law by Judicial Watch, Inc.

Tracking Number: T03692382-6 License Number: G 2704169

Applicant Name: MATEEN, OMAR

Social Security:

*** No Embossed Scal or Stamp ***

*** No Notary ***

*** No Applicant Signature on Application ***



Division of Licensing

RENEWAL NOTICE FOR STATEWIDE FIREARM LICENSE
Chapter 493, Florida Statutes





DATE PRINTED: APR 16, 2013

LICENSE #: G -27-04169

WILL EXPIRE: SEP 13, 2013

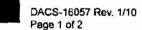
MATEEN, OMAR APT#107 2513 S 17TH ST FORT PIERCE, FL 34982 11161986

T056459859

) (511/10 TO 401/10 TO 10 TO 10

PLEASE ALLOW 8-10 WEEKS FOR PROCESSING.

DO YOU HAVE A CHANGE OF RESIDENCE ADDRESS AND/OR MAILING ADDRESS? The information below reflects your residence address and your mailing address on file with the Division of Licensing. If the information is a second control of the information of the information below reflects your residence address and your mailing address on file with the Division of Licensing.	ation is
correct leave this area blank. If your residence address OR your mailing address has changed, please enter the correct information	
CURRENT RESIDENCE ADDRESS CURRENT MAILING ADDRESS	
2513 S 17TH ST 2513 S 17TH ST APT#107 APT#107	
FORT PIERCE, FL 34982 FORT PIERCE, FL 34982	
RESIDENCE ADDRESS PHONE NUMBER	
RESIDENCE ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)	٦
CITY STATE ZIP CODE	
	ļ
MAILING ADDRESS	~
<u> </u>	
MAILING ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)]
CITY STATE ZIP CODE	_
EMAIL ADDRESS	
SUBMIT THE FOLLOWING WITH YOUR RENEWAL APPLICATION	
BY SUBMISSION OF THE RENEWAL APPLICATION, YOU ARE CONFIRMING YOUR CONTINUED ELIGIBILITY FOR THE LICENSE UNDER CHAPTER 493, FLORID	A STATUTES.
ONE PASSPORT-TYPE COLOR PHOTOGRAPH (See Reverse Side) A CHECK OR MONEY ORDER MADE PAYABLE TO THE DIVISION OF LICENSING IN THE AMOUNT OF	\$112
3. PROOF OF 4 HRS FIREARMS TRAINING TAKEN DURING BOTH OF THE PRECEDING 2 LICENSURE YEARS (NOT CALENDAR YEARS): 8	HDS
TOTAL. IF PROOF OF ANNUAL TRAINING CANNOT BE PROVIDED, YOU MUST RETAKE THE 28 HR COURSE REQUIRED FOR INITIAL LIC	
IF APPLICABLE:	•
4. YOU MAY RENEW YOUR LICENSE UP TO 3 MONTHS AFTER IT EXPIRES. IF YOUR RENEWAL APPLICATION IS SUBMITTED AFTER THE EXPIRATION DATE OF YOUR LICENSE, BE SURE TO INCLUDE THE LATE FEE IN THE AMOUNT OF	["] \$112
5. IF YOUR LICENSE HAS BEEN EXPIRED FOR 3 MONTHS OR MORE, YOU MUST REAPPLY. IT IS UNLAWFUL TO PERFORM RECULATED DUTIES WITH AN EXPIRED LICENSE.	
6. TO CARRY A FIREARM, FEDERAL CODE REQUIRES YOU TO BE A US CITIZEN OR DEEMED A PERMANENT 连路底路路底路底路底路。 CITIZENSHIP AND IMMIGRATION SERVICES (USCIS).	THE US
See	



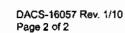


Color Photograph Specifications (Passport Size Photo)

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- · Photograph must show the subject in a frontal portrait (no hats, no sunglasses).
- Photograph outer dimensions must be larger than 1 ¼" w X 1 3/8" h.
- Photograph must be color with a light colored background (no fancy backdrop, lettering, etc.).
- · Surface of the photograph must be glossy.
- · Photograph must not be stained, cracked or mutilated, and must lie flat.
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- Photograph must not be pasted on cards or mounted in any way.
- · One photograph of every applicant must be submitted.
- · Photographs must be taken within six months of the application date.
- · Snepshots, group pictures, or full-length portraits will not be accepted.
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- Do not use glue, staples, or a peperclip to attach photograph to application. Doing so may cause damage when mail is sorted by the U.S. Post Office.
- . Do not cut the photograph.

AFFIDAVIT OF CONTINUED ELIGIBIL	IT Y
THIS AFFIDAVIT IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESEN THE APPLICANT TO CRIMINAL PROSECUTION UNDER SECTION 837.06, FLORIDA	
Before me this day personally appeared who, being duly sworn, deposes and says:	
DO SWEAR AND AFFIRM THAT: a) I remain qualified under Chapter 493, Florida Statutes, for a Statewide Firest b) The information contained in this application and all attached documents are	rm license. true and correct to the best of my knowledge.
Signature of Applicant	Oate Signed
STATE OF	
COUNTY OF	
The foregoing application was sworn to (or affirmed) and subscribed before me this _	day of, 20, by:
Print Name of Applicant	NOTARY SIGNATURE
	PRINT, TYPE, OR STAMP NAME OF NOTARY



Produced Identification

Personally Known



Type of Identification Produced





CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE

ADAM H. PUTNAM COMMISSIONER

Chapter 493, Florida Statutes
Post Office Box 9100 ◆ Tallahassee, FL 32315-9100 ◆ (850) 245-5691
www.mylicensesite.com

To be complete	ed by Class "K" Firear	m's Instructor. This form must	be complete	ed in its entirety.	Type or use black ink.
Student Name				Student SSN *	
OMAR	MATES	N	1	 - ·	*
Employing Agency		· · · · · · · · · · · · · · · · · · ·	,	Agency License #	
645	SECURE	SOLUTIONS			
Range Score		Firearm Model/Caliber] '	er, Shotgun)	Other Specialized Training
236_	100	59W 5906 91			
Name of Range	,		of Range		
57. Luci	· 5 SHooten	- Cartan 490	NW Co	on course f	Pl, PS/ 1-13490
Date Training Comple	eted Hours	Student Signature	3_		
		R ANY REASON, THE REASON	MUST BE STA	TED IN THE COM	MENTS SECTION BELOV
Comments:					
GOMINICINE.					
I certify that the a	bove named student i	nes satisfactorily completed th	e prescribed	training as set fo	rth in the Denadment of
Agriculture and C	Consumer Services Fir	earms Instructor's Manual, the	at ell informa	tion contained he	erein is true and correc
		ove named student is qualified			on with his or her duties
Instructor Name (type	•	1/		structor cense Number 🕡	
[1]	cHASL G.	KEYES			2600041
Instructor Signature	11 /1		Da	ate	
01	Must Je	2		- 7	20-13
* USE OF SOCIAL	SECURITY NUMBERS	:			
Sections 493.6105	, 493.6304, and 493.640	06, Florida Statutes (F. S.), in cor			
		er Services, Division of Licensing d used by the Division of Licens			
and to facilitate the	approval process by the	Division. The Department of Ag	riculture and C	Consumer Services	, Division of Licensing, w
		number without consent of the apsing, or as required by law. [See			
		q., Pub. L. No. 107-56 (USA Pat			
OR!GINAL Copy: N	fail to	YELLOW Copy: Instructor cop	iy.	PINK Copy: Stud	ent copy.
DIVISION OF LICE		Must be retained by instructor	for a period	Given to student	upon completion of
P. O. BOX 9100 TALLAHASSEE, FI	32315-9100	of two years from date training whether or not the student pas		the course.	r not the student passed
.,		course		504.60,	



CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE Chapter 493, Florida Statutes

ADAM H. PUTNAM COMMISSIONER

Division of Licensing

Post Office Box 6687

Tallahassee, FL 32314-6687

Post Office Box 9100 • Tallahassee, Ft 32315-9100 • (850) 245-5691

Internet Address: http://	mylicensesite.com
To be completed by Class "K" Firearm's Instructor. This form is	nust be completed in its entirety. Type or use black ink.
Student Name Matecn Omar	Student's S.S.#
Employing Agency	Agency License #
Range Score Exam Score Fireamy/Model Caliber Type (F	Revolver, Pistor Shotgun) Other Specialized Training
Name of Range Guns & Archert 2154	Zip Gale Place West Palm Beach FL
Date Training Completed Hours Student's Signature	2 1 14
NOTE: IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE REASON MUST B	E STATED IN THE "COMMENTS" SECTION.
Comments: N/A	
I certify that the above named student has satisfactorily completed the prescribed training as set forth Manual, that all information contained herein is true and correct, and to the best of my knowledge the	
Instructor's Name (print or type)	Instructor's License #
John Murrow	K 1000015
Instructor's Signature	Date 11 /16 /11
USE ON SOCIAL SECURITY NUMBERS The submission of the student's social security number is voluntary and is requested pursuant to Florida Statutes, for identification purposes, to prevent misidentification, and to facilitate the app	
Mail Original to: Florida Department of Agriculture and Consumer Services Yellow Copy	

Pink Copy:

date training completed whether or not the student passed the course.

student passed the course

Student's copy. Given to student upon completion of course whether or not the

Obtained via FL Open Record by Judicial Watch, Inc.

Division of Licensing Legal Section (850) 245-5491 (850) 245-5502 Fax



Post Office Box 5708 Tallahassee, Florida 32314-5708

4040 ESPLANADE WAY, SUITE 101 TALLAHASSEE, FLORIDA 32399

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES COMMISSIONER ADAM H. PUTNAM

Omar Mateen 2513 S 17th St, Apt#107 Fort Pierce, FL 34982

RE: CD201402371

Class "G" Statewide Firearm License: G 2704169

Dear Mr. Mateen:

NOTICE OF SUSPENSION

You are hereby notified that your Class "G" Statewide Firearm License was automatically suspended on September 16, 2014, pursuant to Section 493.6113(3)(b), Florida Statutes, because you have not submitted to the Division of Licensing the ORIGINAL Certificate of Firearms Proficiency, form FDACS-16005, confirming that you successfully completed the required four hours of annual re-qualifying firearms training. By law, you are required to submit proof of such training immediately upon completion of the training.

Your license will remain suspended until you furnish an original Certificate of Firearms Proficiency to the division documenting completion of the required training. If you failed to complete the four hours of annual training by the end of the first year of the 2-year term of your license, you will need to complete the 28 hours of range and classroom training that was required at the time of initial licensure before your license can be reinstated.

In accordance with Section 120.57, Florida Statutes, you may request a formal or informal hearing by completing the enclosed Election of Rights form and filing it with the Division within 26 days (21 days plus five days for mailing) of receipt of this notice. If you request a formal hearing, you must also send a statement of the material facts alleged in this notice that you dispute.

Failure to file the Election of Rights form with the Division of Licensing within the designated time frame shall be considered a waiver of your right to a hearing and shall result in this notice becoming final agency action 26 days from this date.

If this notice becomes final agency action, you may appeal to an appellate court by filing a notice of appeal pursuant to Florida Rule of Appellate Procedure 9.110 within 30 days of final agency action.

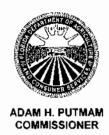
If you have any questions regarding this notice, please contact the Legal Support Section at (850) 245-5491.

Dated this 16th day of September, 2014.

Ken Wilkinson, Assistant Director Division of Licensing

Enclosures





ELECTION OF RIGHTS NOTICE OF SUSPENSION

G 2704169

This form must be filed at the Division of Licensing office in Tallahassee, Florida, within 21 days of receipt. Failure to do so shall be deemed a waiver of your right to an administrative hearing.

Select one of the following options and sign below:	
Stipulation I have read and understand the enclosed Notice of Suspension. facts alleged, hereby waive my right to a hearing under Sections conditions imposed.	
Informal Hearing I do not dispute the facts upon which the agency action is based my behalf at an informal hearing. The informal hearing will be Agriculture and Consumer Services in accordance with Sectio portions of Chapter 29-106, Florida Administrative Code.	be conducted before a hearing officer of the Department of
Informal Hearing by Written Statement I do not dispute the facts upon which the agency action is based signed written statement to a hearing officer and I waive my righearing will be before a hearing officer of the Department of Agr 120.569 and 120.57(2), Florida Statutes, and applicable portions of	ght to appear in person at an informal hearing. The informal riculture and Consumer Services in accordance with Sections
Formal Hearing I dispute the facts upon which the agency action is based. I ha disputed issues of material fact and hereby request a formal 120.57(1), Florida Statutes, and applicable portions of Chapter 28 the disputed issues of material fact may result in the denial of my before an Administrative Law Judge of the Division of Administrative issues.	hearing to be conducted pursuant to Sections 120.569 and -106, Florida Administrative Code. I realize that failure to state request for a formal hearing. The formal hearing will be held
I have read and understand the Election of Rights form and und qualified representative at either an informal or formal hearing.	lerstand that I have the right to be represented by counsel or
Mediation, pursuant to Section 120.573, Florida Statutes, is not av	railable as an alternative remedy.
Licensee's Signature	Attorney's Signature if represented
Type or print your name	Type or print attorney's name
Licensee's mailing address	Attorney's mailing address
Licensee's city, state and zip	Attorney's city, state and zip
Licensee's telephone number	Attorney's telephone number
Upon completion of this form, return it to:	

Florida Department of Agriculture and Consumer Services
Division of Licensing
Post Office Box 5708
Tallahassee, Florida 32314-5708

Note: In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in a hearing should contact the Division no later than seven (7) days prior to the hearing at which such special accommodation is required. The Division may be contacted at Capital Center Office Complex, 4040 Esplanade Way, 1st Floor, Suite 101, Tallahassee, Florida 32399. Hearing and voice impaired persons may call the Florida Relay Service at (800) 955-8771 (TDD) to reach (850) 245-5491

FDACS-16052 Rev. 10/13

Obtained via FL Open

Division of Licensing LEGAL SECTION (850) 245-5491 (850) 245-5502 FAX



POST OFFICE BOX 5708 TALLAHASSEB, FLORIDA 32314-5708

4040 ESPLANADE WAY, SUITE 101 TALLAHASSEE, FLORIDA 32399

Florida Department of Agriculture and Consumer Services COMMISSIONER ADAM H. PUTNAM

September 16, 2014

G4S Secure Solutions (USA) Inc (Palm Beach Gardens) 11360 N. Jog Road, Suite 103 Palm Bch Gdns, FL 33418

RE:

License Suspension - Omar Mateen

Class "G" Statewide Firearm License G 2704169

Dear Agency Manager:

Effective September 16, 2014, the Class "G" license for the above-named individual employed by your agency was automatically suspended because he or she has not submitted to the Division of Licensing the ORIGINAL Certificate of Firearms Proficiency, form FDACS-16005. confirming successful completion of the four hours of annual re-qualifying firearms training required pursuant to Section 493.6113(3)(b), Florida Statutes.

The license will remain in suspended status until the employee provides proof of such training. If the employee failed to complete the four hours of annual training by the end of the first year of the 2-year term of his or her license, the 28 hours of range and classroom training required at the time of initial licensure will need to be completed before the license can be reinstated. The employee has been informed of this matter and of the right to a hearing.

The employee is prohibited from performing regulated duties in an armed capacity until the division receives proof of the required training. You have the option of terminating this employee or reassigning him or her to perform duties in an unarmed capacity. In either case, please submit an employee action report (EAR) that confirms the action taken: https://licensing.freshfromflorida.com/EAR/earlogin.aspx.

Thank you for your cooperation. If you require additional assistance, please contact the Legal Support Section at (850) 245-5491.

Sincerely.

Ken Wilkinson, Assistant Director Division of Licensing





CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE

Chapter 493, Florida Statutes
Rule 5N-1.134, Florida Administrative Code
Post Office Box 5767 ◆ Tallahassee, FL 32314-5767 ◆ (850) 245-5691
www.mylicensesite.com

	K" Firearm's instructor. This for S-P-01850, <i>Firearms Instructor</i>				
Student Name OMAR	MATEEN	Student Date of Birth (mm/c	dd/yyyy)	11 / 16	/86
Type of Training (select ONE)	Initial (28 hours)	Annual Requa		(4 hours) er: <u>G-27046</u> 9	7
Name of Range		Range Street Addres	s and City	VCD-USE 1	01
ST. LUCIE SHOOT	ina Center			ciu, F/31	
Range Score 223	Written Exam Score	Type (Revolver, Pistol, S らそい 6 ヴ	Shotgun)	Firearm Caliber 38	
Date Training Completed 8 //7 //9	Student Signature	lnt		Date Signed	/19
	ALIFY FOR ANY REASON, THE R	EASON MUST BE STATE	ED IN THE	COMMENTS SEC	ON BELOW
Comments		ORIGINAL	<u></u>	SEP -	CNS CNS NBHCN
	······································			OH. 2	<u> </u>
					HAN HAN
	INSTRUCTOR'S	CERTIFICATION			
as set forth in the Department of contained herein is true and of firearm in connection with his of the latest and consumer Searculture and Consumer Searculture.	tated above, the above named sof Agriculture and Consumer Ser orrect; and to the best of my known her duties. I student has satisfectorily comprisies Firearms Instructor's Training amounted student of the above named stu	rvices Firearms Instruct nowledge, the above na pleted the prescribed tra ining Manuel; that all in	or's Traini amed stud aining as a aformation	ng Manual; that all i lent is not qualified set forth in the Dep contained herein i	nformation to carry a partment of is true and
Instructor Name (type or print	LG. Kajos	Instructor License N £260004		7-	
Instructor Signature		Date Signed		Phone Number	•
Muchy	fig.	8-17-1	4	(772)323	- 8686
ORIGINAL WHITE Copy: Mail to DIVISION OF LICENSING P. O. BOX 5767 TALLAHASSEE, FL 32314-5767	Must be retained by from date training co	instructor for two years empleted, regardless of	Given to course, r	py: Student copy, student upon comple egardless of whetha he course.	

Obtained via FL Open Records Law by Judicial Watch, Inc.

Bryan, Whitney

From:

Williams, Cedrick

Sent:

Wednesday, September 24, 2014 8:42 AM Springer, Beverly

To: Cc:

Subject:

Allen, Stephanie G 2704169,MATEEN, OMAR

Contacts:

Beverly Springer

Please have the suspension lifted. The training has been received and updated. (4hrs).

Thanks

STATE OF FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES, DIVISION OF LICENSING,

Petitioner,	
V.	CASE NO.: CD201402371
OMAR MATEEN,	G 2704169
Respondent.	
	/

<u>ORDER</u>

The Department of Agriculture and Consumer Services, Division of Licensing, hereby lifts the suspension issued on September 16, 2014. Respondent's Class "G" Statewide Firearm License is currently valid and in good standing.

DONE AND ORDERED this 26th day of September, 2014.

Ken Wilkinson, Acting Director



Obtained via FL Open Records Law by Judicial Watch, Inc. Florida Department of Agriculture and Consumer Services Division of Licensing

RENEWAL NOTICE FOR CLASS "G" STATEWIDE FIREARM LICENSE

Chapter 493, Florida Statutes
Post Office Box 5767*Tallahassee, FL 32314-5767*(850) 245-5691
www.mylicensesite.com

DATE PRINTED: APR 16, 2015

LICENSE #: G -27-04169

WILL EXPIRE: SEP 13, 2015

MATEEN, OMAR APT#107 2513 S 17TH ST FORT PIERCE, FL 34982

HAVE YOU CHANGED YOUR RESIDENCE ADDRESS OR MAILING ADDRESS?

11161986

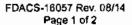
T069303284

P DE LUGA DE GLORO DIVER SILON DELL ATRILLE PROPRIA DE LO PRESENTA DE LA PROPRIA DE LA PROPRIA DE LA PROPRIA DE

PLEASE ALLOW 8-10 WEEKS FOR PROCESSING.

772-812-3560

The information below reflects your residence address and your mailing address on file with the Division of Licensing. If the information is correct leave this area blank. If your residence address OR your mailing address has changed, please enter the correct information. CURRENT RESIDENCE ADDRESS CURRENT MAILING ADDRESS 2513 S 17TH ST 2513 S 17TH ST APT#107 APT#107 FORT PIERCE, FL 34982 FORT PIERCE, FL 34982 RESIDENCE ADDRESS RECEIVED RESIDENCE ADDRESS CONTINUED (SUITE, BUILDING, APT., ETC) AUG 19 2015 WYS ZIP CODE WEST PALM BEACH CITY STATE REGIONAL OFFICE MAILING ADDRESS IF DIFFERENT FROM ABOVE MAILING ADDRESS CONTINUED (SUITE, BUILDING, APT., ETC): STATE ZIP CODE CITY E-MAIL ADDRESS BY SUBMISSION OF THE RENEWAL APPLICATION, YOU ARE CONFIRMING YOUR CONTINUED ELIGIBILITY FOR THE LICENSE UNDER CHAPTER 493, FLORIDA STATUTES. SUBMIT THE FOLLOWING WITH YOUR RENEWAL APPLICATION - ALLOW 8-10 WEEKS FOR PROCESSING ONE PASSPORT-TYPE COLOR PHOTOGRAPH (see specifications on reverse side). A CHECK OR MONEY ORDER MADE PAYABLE TO THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES IN THE AMOUNT OF (FEES ARE NON REFUNDABLE): FOR CREDIT CARD PAYMENT OPTION, VISIT WWW.FRESHFROMFLORIDA.COM AND CLICK 'PAY ONLINE.' \$112 PROOF OF ANNUAL FIREARMS TRAINING (SEE SPECIFICATIONS ON REVERSE SIDE). TE APPLICABLE...
YOUMAY RENEW YOUR LICENSE UP TO 3 MONTHS AFTER IT EXPIRES. IF YOUR RENEWVALATION DATE OF YOUR LICENSE, BE SURE TO INCLUDE THE LATE FEE IN THE AMOUNT OF:
AFTER THE EXPIRATION DATE OF YOUR LICENSE, BE SURE TO INCLUDE THE LATE FEE IN THE AMOUNT OF:
AFTER THE EXPIRATION DATE OF YOUR SURED FOR 3 MONTHS OR MORE, YOU MUST REAPPLY. IT IS UNLAW YOU MAY RENEW YOUR LICENSE UP TO 3 MONTHS AFTER IT EXPIRES. IF YOUR RENEWAL APPLICATION IS SUBMITTED FIF YOUR LICENSE HAS BEEN EXPIRED FOR 3 MONTHS OR MORE, YOU MUST REAPPLY. IT IS UNLAWFUL TO \$112 PERFORM REGULATED DUTIES WITH AN EXPIRED LICENSE. BE ADVISED: TO CARRY A FIREARM, FEDERAL CODE REQUIRES YOU TO BE A U.S. CITIZEN OR DEEMED A PERMANENT LEGAL RESIDENT ALIEN BY THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS).





COLOR PHOTOGRAPH SPECIFICATIONS (PASSPORT-SIZE PHOTO)

- Photograph must show the subject in a frontal portrait as shown at right. (NO HATS, NO SUNGLASSES).
- Photograph's outer dimension must be larger than 1-1/4" X 1-3/8".
- Photograph must be in color with a light-colored background. (NO FANCY BACKDROP, LETTERING, ETC.)
- Surface of the photograph must be glossy.
- Photograph must not be stained, cracked, or mutilated; it must lie flat.
- Photographic image must be sharp and correctly exposed.
- Photograph must be non-retouched.
- Photograph must not be pasted on cards or mounted in any way.
- Photograph must be taken within six months of the date application is submitted.
- Snapshots, group pictures, or full-length portraits will not be accepted.
- Do not cut the photograph.
- Lightly print your name and date of birth on the back of the photograph. Use crayon or felt-tipped pen to avoid mutilation of the photograph.
- Place photograph in envelope with other application materials.
- DO NOT USE GLUE OR STAPLES TO ATTACH PHOTOGRAPH.



ANNUAL FIREARM REQUALIFICATION SPECIFICATIONS

The Legislature made an important change during the 2013 legislative session that will affect anyone who holds a valid Class "G" Statewide Firearm License. This change involves how the four hours of annual re-qualifying firearms training should be reported to the division.

Effective July 1, 2013, each Class "G" licensee must submit proof of completion of the four hours of annual re-qualifying training upon completion of that training. If the training documentation is not submitted to the division by the end of the first year of the two-year valid term of the license, the license shall be automatically suspended until proof of the required training is received by the department. Documentation of completion of the second year's re-qualifying training can be submitted with your renewal application. In other words, if your new or renewal Class "G" license was issued to you on July 12, 2013, you will need to submit proof of having completed the four hours of re-qualifying training required for the first year of the valid term of the license by no later than July 12, 2014.

You must MAIL the ORIGINAL Certificate of Firearms Proficiency for Statewide Firearm License, form FDACS-16005, to the Division of Licensing, Post Office Box 5767; Tallahassee, FL 32314-5767.

This renewal application must be notarized, do not sign the application until you are in the presence of a notary public.

AFFIDAVIT OF CONTINUED ELIGIBILITY

THE AFFIDAVIT IS EXECUTED UNDER OATH, FALSIFICATION OR MISREPRESENTATION OF ANY PART OR ANY DOCUMENT SUBJECTS THE APPLICANT TO CRIMINAL PROSECUTION UNDER SECTION 837.06, FLORIDA STATUTES.

, who, being duly sworn, deposes and Before me personally appeared says:

I DO SWEAR AND AFFIRM THAT: I remain qualified under Chapter 493, Florida Statutes, for a Class "G" Statewide Firearm license. The information contained in this application and all attached documents are true and correct to the best of my knowledge. COUNTY OF ST LUCIF STATE OF The foregoing application was sworn to (or affirmed) and subscribed before me this 15 day of QUO PRINT Name of Applicant NOTARY PUBLIC Personally Known oduced identification PRINT, TYPE, OR STAMP NAME OF NOTAR Expires 5/21/2019 Type of Identification Produced

RETURN YOUR RENEWAL APPLICATION TO POST OFFICE BOX 5767, TALLAHASSEE, FL 32314-5767. IF YOU HAVE ANY QUESTIONS, CONTACT THE PUBLIC INQUIRY SECTION AT DOLWEB@FRESHFROMFLORIDA.COM QR (850) 245-5691.





CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE

Chapter 493, Florida Statutes
Rule 5N-1.134, Florida Administrative Code
Post Office Box 5767 ◆ Tallahassee, FL 32314-5767 ◆ (850) 245-5691
www.mylicansesite.com

To be completed by Class & See Publication FDACS	(*)Firearm's linstructor. This for -P-01850 : Firearms Instructor	mimust be completed in s:Training ManualiRev	nits entirety, ilype or use black ink. 01/14 for detailed instructions.
Student Name MATEEL	OMAR	Student Date of Birth (mm/dd	^{1/yyyy)} 11 / 16 / 86
Type of Training (select ONE)	Initial (28 hours)		fication (4 hours) se number: <u>G 270 4/69</u>
Name of Range 57. Luciu 5/4	hostin Cartus	Range Street Address	and City Concounse Pl +. Lucley Fl 34986
Range Score	Written Exam Score	Type (Revolve Pistol, Sho	
Date Training Completed 8 / 16 / 15	Student Signature		Date Signed 8 / / 6 / / 5
P. TTT A 1 PRINCIPLY SECTION AND A SECTION AND A SECTION AND ADMINISTRAL BASE OF	ALIFY FOR ANY REASON THEIR		DINTHE COMMENTS SECTION BELOW!
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as set forth in the Department of contained herein is true and of firearm in connection with his of a larger of the larger of th	of Agriculture and Consumer Ser correct; and to the best of my kn or her duties. student has satisfactorily comp rvices Firearms Instructor's Trai	student has not satisfactor vices Firearms Instructor nowledge, the above nar deted the prescribed trai ining Manual; that all info	orily completed the prescribed training r's Training Manual; that all information med student is not qualified to carry e ining as set forth in the Department of formation contained herein is true and a firearm in connection with his or her
Instructor Name (type or print)	/ Keyes	Instructor License No	umber 6 0 00 4/
Instructor Signature Muluy	Hym	Date Signed 8-/6-/	Phone Number (772) 323 - 8686
ORIGINAL WHITE Copy: Mail to			

RECEIVED

AUS 19 2015 0-35

CHECK

DIVISION OF LICENSING WEST PALM BEACH REGIONAL OFFICE

OMAR S-MATEEN 2513 S,17TH ST APT 107 FORT PIERCE, FL 34982-5707	105
Pay to the	FDACC 9/15 53-8419/2679 892
1 1 /	TWICLUE AND 9/100 - Dollars 1) ==
PNCBANK PNC Bank, NA 001 CHOCKNSE	
For Circle	

SSN:

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