



Application for a Consumer's Certificate of Exemption

DR-5
R. 01/17
TC
Rule 12A-1.097
Florida Administrative Code
Effective 01/17



Mail with Supporting Documentation to:
Account Management-Exemptions
Florida Department of Revenue
PO Box 6480
Tallahassee FL 32314-6480

Exemption category for which you are applying (check only one):

- 501(c)(3) Organization
- Community Cemetery
- Credit Union
- Fair Association
- Florida Retired Educators Association
- Library Cooperative
- Nonprofit Cooperative Hospital Laundry
- Nonprofit Water System
- Organization Benefiting Minors
- Parent-Teacher Organization or Association
- Political Subdivision
- Religious Institution - physical place for worship
- Religious Institution - transportation provider
- Religious Institution - governing or administrative
- School, College, or University
- Veterans' Organization
- Volunteer Fire Department

Legal Name of Organization or Political Subdivision		Federal Employer Identification Number (FEIN)
Street		Business Phone
City	State	ZIP
Mailing Address (If different than above)		Alternate Phone
City	State	ZIP
Name of Contact Person		Title
Email Address - Your email address is treated as confidential information (s. 213.053, F.S.), and is not subject to disclosure as public records (s. 119.071, F.S.).		
Credit Union Charter Number - If you are applying as a credit union.		

Your **privacy** is important to the Department. To protect your privacy, access to personal information about your organization is limited to the person who has signed this *Application for a Consumer's Certificate of Exemption*. To ensure that information is not provided without your consent, a written request from you is required if you wish to receive a secured email regarding this Application. If so, the Department will send information regarding this Application using its secure email software. This software will require additional steps before you can access the information. If you do not want to receive information by email, any information regarding this Application will be mailed to you.

I authorize the Florida Department of Revenue to send information regarding this *Application for a Consumer's Certificate of Exemption* using the Department's secure email. I understand that this method requires additional steps to view the information provided.

I hereby attest that I am authorized to sign on behalf of the applicant organization described above. I further attest that, if granted, the *Consumer's Certificate of Exemption* will only be used in the manner authorized for this organization under s. 212.08(6), (7), or 213.12(2), F.S.

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

Signature

Title

Print Name

Date