

Signature of Superintendent or Designee

Florida Department of Education Bureau of Educator Certification Room 201, Turlington Building 325 West Gaines Street Tallahassee, FL 32399-0400

| Applica | o we to be ant's Personal 1 | Tallahassee, FL 32399- | 0400 | District No | ımber | C Natura | \mathbf{H} | R | n Number 8 1 3 sion/Fee Waiver |
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| Soci | al Security Nu | mber | First Name | | | | | | |
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| Mid | dle Name | | Last Name | | | <u> </u> | <u> </u> | | |
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| | | cate is lost or destroyed please check box). | l as a result o | f the hurrica | ane. The | erefore, | I am red | questin | g issuance of a |
| | | certificate, pursuant to Se G-10 Form required: \$2 0 | | 5(14), Florida | a Statutes | | | | |
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Date