



CHARLES H. BRONSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**SELLERS OF TRAVEL  
INDEPENDENT SALES AGENTS  
STATEMENT OF EXEMPTION**

s. 559.927(4) and 559.928(3), Florida Statutes

**Please remit Form to:**  
Florida Department of Agriculture and  
Consumer Services  
Sellers of Travel Program  
Terry Rhodes Building  
2005 Apalachee Parkway  
Tallahassee, FL 32301

[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352) FL Only  
1-850-488-2221 Calling outside FL

I, THE UNDERSIGNED,

\_\_\_\_\_  
(Name of person making statement)

\_\_\_\_\_  
(Title) of \_\_\_\_\_  
(Name operating under, if different than above)

Located at \_\_\_\_\_  
(Physical Address of Independent Agent)

in \_\_\_\_\_, \_\_\_\_\_  
(City, State, Zip Code) (Phone Number)

Email Address \_\_\_\_\_

Seller of Travel you Represent	Their Address	Their Seller of Travel or ARC #

**AND THEREFORE, I:**

1. Act for or on behalf of a seller of travel that is operating in compliance with Sections 559.926-559.939, Florida Statutes, the Sellers of Travel Act; **AND**
2. Have written a contract with the seller(s) of travel listed above (**please provide us a copy of the contract**); **AND**
3. Do not receive a fee, commission or other valuable consideration directly from the purchasers of travel or travel related services; **AND**
4. Do not at any time have any un-issued ticket stock in my possession; **AND**
5. Do not have the ability to issue tickets, lodging or vacation certificates, or any other travel documents.

\_\_\_\_\_  
(Signature of Independent Sales Agent)

\_\_\_\_\_  
(Date)

**STATE OF** \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, who is personally known to me or who has produced as identification and who did (did not) take an oath.

\_\_\_\_\_  
(Seal)  
Notary Public

My Comm. Expires \_\_\_\_\_