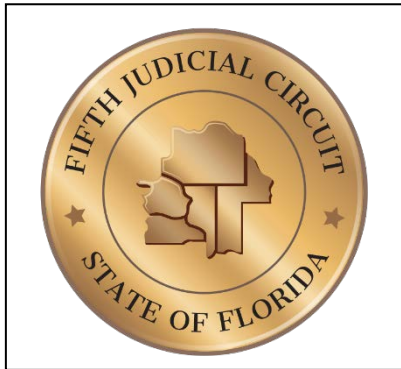


FIFTH JUDICIAL CIRCUIT OF FLORIDA BATTERERS' INTERVENTION PROGRAM PROVIDERS REGISTRY RENEWAL APPLICATION



**INSTRUCTIONS: ANSWER ALL QUESTIONS
ACCURATELY, USING DARK INK OR TYPE.
PLEASE PRINT CLEARLY.**

I, _____, DESIRE TO REMAIN ON THE
BATTERERS' INTERVENTION PROGRAM PROVIDER LIST FOR THE FIFTH JUDICIAL CIRCUIT FOR THE
YEAR_____.

CURRENT INFORMATION: (Initial the appropriate response)

_____ **I HEREBY CERTIFY:** I HAVE REVIEWED THE FIFTH JUDICIAL CIRCUIT BATTERER'S
INTERVENTION PROGRAM PROVIDER REGISTRY AND THE INFORMATION CONTAINED ON REGISTRY
REGARDING ME AND/OR MY BUSINESS IS CURRENT AND CORRECT.

OR

_____ **I HEREBY CERTIFY:** I HAVE REVIEWED THE FIFTH JUDICIAL CIRCUIT BATTERER'S
INTERVENTION PROGRAM PROVIDER REGISTRY AND THE INFORMATION CONTAINED ON REGISTRY
FOR ME AND/OR MY BUSINESS IS **NOT** CURRENT OR CORRECT. I HAVE PROVIDED THE CURRENT
AND CORRECT INFORMATION ON THE ATTACHMENT TO THIS RENEWAL APPLICATION.

AND

_____ **I HEREBY CERTIFY** I HAVE REVIEWED THE RELEVANT STATUTES AND ADMINISTRATIVE
ORDER A-2020-02 AND _____ IS IN COMPLIANCE.

ATTESTATION

I SWEAR/AFFIRM THAT THE INFORMATION SUPPLIED ON THIS RENEWAL APPLICATION AND ANY OTHER DOCUMENT PROVIDED ARE CORRECT, THAT TO THE BEST OF MY KNOWLEDGE THAT THE APPLICANT IS QUALIFIED TO PROVIDE SERVICES TO THE BATTERERS' INTERVENTION PROGRAM AND THAT I WILL NOTIFY IN WRITING THE FIFTH JUDICIAL CIRCUIT OF FLORIDA, OF THE FOLLOWING WITHIN THIRTY (30) DAYS OF ANY SUCH EVENT: (A) ADDRESS CHANGE; (B) LEGAL NAME ; (C) CHANGE IN FEES; (D) ANY CRIMINAL CONVICTION OF ANY OFFICER, DIRECTOR, OR PERSONNEL; OR ANY CHANGE IN THE STATUS OF ANY REQUISITE PROFESSIONAL LICENSE OR CERTIFICATION WHICH IS CURRENTLY HELD BY ANY OFFICER, DIRECTOR, OR PERSONNEL.

I UNDERSTAND THAT ANY OMISSIONS, FALSIFICATIONS, MISSTATEMENTS OR MISREPRESENTATIONS OF THE INFORMATION PROVIDED IN THIS APPLICATION, OR INFORMATION REQUIRED TO BE SUBSEQUENTLY PROVIDED, MAY BE GROUNDS FOR DISQUALIFICATION OR DISMISSAL AS A BIP SERVICE PROVIDER.

MY SIGNATURE REFLECTS THAT I AM A DULY AUTHORIZED SIGNATORY FOR THE APPLICANT AND MY UNDERSTANDING THAT I AM SIGNING THIS DOCUMENT UNDER OATH UNDER PENALTY OF PERJURY.

PRINTED NAME _____

DATE _____

SIGNATURE _____

STATE OF FLORIDA

COUNTY OF _____

SWORN TO OR AFFIRMED AND SIGNED BEFORE ME BY _____

THIS ____ DAY OF _____, 20 ____.

NOTARY PUBLIC

[PRINT, TYPE, OR STAMP NAME OF NOTARY]

____ PERSONALLY KNOWN

____ PRODUCED THE FOLLOWING TYPE OF IDENTIFICATION:

ATTACHMENT

BUSINESS INFORMATION:

NAME: _____
AUTHORIZED REPRESENTATIVE OF PROVIDER

NAME OF PROVIDER: _____

MAIN BUSINESS OFFICE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

LENGTH OF TIME IN BUSINESS: _____

OTHER:

MAIL RENEWAL APPLICATION TO:

CHERYL BUNNELL
FAMILY COURT MANAGER
550 W. MAIN ST,
TAVARES FLORIDA 32778
OR VIA EMAIL
CBUNNELL@CIRCUIT5.ORG