

**FLORIDA DEPARTMENT OF STATE**

Application for Manufacture or Use of the  
Great Seal of the State of Florida, Form DS-19  
Under Section 15.03(3), Florida Statutes

**Please Type or Print Legibly**

Name, street address, city, state, and zip code of applicant:

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The period of time for which permission to manufacture or use the Great Seal is sought:

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Describe the manner in which the Great Seal will be manufactured or reproduced including a description of materials used:

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How many copies or reproductions of the Great Seal do you plan to make (if for use in a printed publication, please specify the number of copies)?

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How much revenue do you expect to receive from the proposed use of the Great Seal and what will be the purchase price of each item on which the Great Seal is used or reproduced?

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Where, to whom, and how will the item on which the Great Seal is used or reproduced be sold?

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**IN ORDER FOR THIS APPLICATION TO BE CONSIDERED COMPLETE, AN ILLUSTRATION, REPRODUCTION, OR SAMPLE OF THE MANNER IN WHICH THE GREAT SEAL WILL BE USED MUST BE ATTACHED TO THIS APPLICATION. IF THE APPLICATION IS FOR THE USE OF THE GREAT SEAL IN A BOOK OR BROCHURE, PLEASE ATTACH A PROPOSED LAY-OUT OR MANUSCRIPT OF THE PUBLICATION.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Print or Type Name of Applicant

PLEASE RETURN THIS APPLICATION TO: DEPARTMENT OF STATE, OFFICE OF THE GENERAL COUNSEL, R.A. GRAY BUILDING, 500 SOUTH BRONOUGH STREET, TALLAHASSEE, FLORIDA 32399