



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services - Bureau of Licensing
 200 East Gaines Street, Larson Building Room 419
 Tallahassee, FL 32399-0319

PUBLIC ADJUSTER APPRENTICE EMPLOYMENT REPORT

This form must be filed at the time of application for the public adjuster license with the Department of Financial Services by the supervising public adjuster, pursuant to 626.8541, 626.8651 Florida Statutes a public adjuster apprentice shall complete at a minimum 100 hours of employment per month for 12 months in order to qualify for license as a public adjuster.

Public Adjuster Apprentice: _____
 Business Name: _____
 Business Address: _____
 City/State Zip Code: _____
 Business Phone Number: _____

<u>Month</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
<u>Year</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
<u>Month</u>												
<u>Year</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
Total Hours												

Public Adjuster Apprentice

I certify the hours recorded above are the actual hours I worked under the supervision of an All Lines Public Adjuster.

Name: _____
 License #: _____
 Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20__ by _____ who is personally known to me, or produced _____ as identification.

 Notary Public, State of Florida (Signature)

Seal:

Supervising All Lines Public Adjuster

I have verified the hours recorded above as the actual hours worked under the supervision of this All Lines Public Adjuster.

Name: _____
 License #: _____
 Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20__ by _____ who is personally known to me, or produced _____ as identification.

 Notary Public, State of Florida (Signature)

Seal: