



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery & Consumer Services
 200 East Gaines Street
 Tallahassee, FL 32399- 0361

NOTICE OF TERMINATION/CHANGE OF SUPERVISOR

This form is used by an apprentice or intern to notify the Division and Board of a change in supervising licensee. The apprentice or intern is responsible to obtain on this form the signature of the new supervisor. Mail this form to the Division at the address indicated below. There is no fee required.

Section 1. IDENTIFICATION OF THE APPRENTICE OR INTERN		
a. First Name	b. Last Name	
c. Apprentice or Intern License Number		
Section 2. IDENTIFICATION OF TERMINATING SUPERVISOR		
a. First Name	b. Last Name	c. License Number
d. Date supervision terminated:		
Section 3. IDENTIFICATION OF NEW SUPERVISOR		
a. First Name	b. Last Name	c. License Number
d. Date supervision began:		
Section 4. IDENTIFICATION OF TRAINING FACILITY		
a. Name of Facility	b. Facility License Number	
c. Date Approved as a Training Facility		
Section 5. SIGNATURES		
<p>_____ Signature of new Supervisor</p> <p>_____ Signature of apprentice or intern</p> <p>Date signed by new supervisor: _____</p> <p>Mail this completed form to: DIVISION OF FUNERAL, CEMETERY & CONSUMER SERVICES 200 East Gaines Street Tallahassee, FL 32399-0361</p>		

Apprentice's or Intern's Social Security No. _____
