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. INDENTIFICATION OF TRAINING FACILTY		
a. Name of Current Facility	b. Facility License Number	c. Date Approved as a Training Facility
d. Name of New Facility (If applicable)	e. Facility License Number	f. Date Approved as a Training Facility

Section 4. SIGNATURES

_____ _____
Signature of new Supervisor Date

_____ _____
Signature of apprentice or intern Date

Mail this completed form to:
DIVISION OF FUNERAL, CEMETERY & CONSUMER SERVICES
200 East Gaines Street
Tallahassee, FL 32399-0361

Apprentice's or Intern's Social Security No.

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