Safety Coordinators Appointment Form

## In accordance with Section 284.50(1), F.S., the following individuals are appointed

**To:** Department of Financial Services

Division of Risk Management

200 East Gaines Street

Tallahassee, FL 32399-0337

**P L E A S E P R I N T OR T Y P E**

**From:**

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| **Agency:** |  |

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| **Safety Coordinator:** |  |

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Effective Date

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Safety Coordinator Name Position Title

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Mailing Address City/State/Zip Code

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Area Code/Telephone Number Suncom Number Area Code/Fax Number

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**Safety Coordinator E-Mail Address**

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Alternate Coordinator Name Position Title

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Mailing Address City/State/Zip Code

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Area Code/Telephone Number Suncom Number Area Code/Fax Number

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**Alternate Coordinator E-Mail Address**

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Agency Head Signature Date