



**WILTON SIMPSON
COMMISSIONER**

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**FLORIDA TELEMARKETING ACT
MATERIAL CHANGE FORM**

Sections 501.609(2) and (3), Florida Statutes
Rule 5J-6.005, Florida Administrative Code
1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FDACS.gov • (850) 410-3804 Fax

Submit and Pay Online at:
www.FDACS.gov
- or -
Check or Money Order payable to
FDACS and remit with form to:
FDACS
PO Box 6700
Tallahassee, FL 32314-6700

Sections 501.609(2), (3) and (4), F.S. require all licensed commercial telephone salespersons, commercial telephone sellers and substance abuse marketing service providers to notify the Florida Department of Agriculture and Consumer Services (FDACS) within 10 days of any changes in information which was submitted as a condition for license.

Attach additional pages to this form as necessary. Please utilize the same format as below. You must enclose a \$10.00 check or money order made payable to FDACS. All fees are non-refundable. **NOTE:** There is no fee for a business to update scripts, change officers, or remove sales people. If you are completing this form as a salesperson, the business needs to complete the Statement of Verification on the following page as required by subsections 5J-6.005(4) and (5), F.A.C.

Commercial Telephone Salesperson as listed with the department:

TP# _____
(License number as issued by the department)

Business Name as listed with the department:

TC# _____
(License number as issued by the department)

Substance Abuse Marketing Service Provider as listed with the department:

TS# _____
(License number as issued by the department)

Prior Information: If you are a salesperson changing to a new business, please provide your old TC# _____

Revised Information: If you are a salesperson changing to a new business, please provide your new TC# _____

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001104 \$10.00

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STATEMENT OF VERIFICATION

Section 501.607(2)(a), Florida Statutes

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I, _____, represent that I am a licensed commercial
(Business-Representative)

telephone seller with _____ whom
(Name of Telephone Seller – Business)

_____ will be associated in the activity of commercial telephone solicitation.
(Name of Salesperson)

It is my desire to associate the individual above as a salesperson and I will accept all responsibility and liability for the commercial telephone solicitation activities of the salesperson, while acting within the scope of his/her employment. I certify that I am authorized to complete this Statement of Verification and that the information provided is true and accurate.

Signature of Business Representative

Email Address

Date

(_____) _____ - _____
Telephone Number