

DEPARTMENT OF FINANCIAL SERVICES

Division of Agent & Agency Services – Bureau of Licensing 200 East Gaines Street, Larson Building, Tallahassee, FL 32399-0319

STATEMENT OF GOVERNMENTAL STATUS AGENTS AND CUSTOMER REPRESENTATIVES

Name	License ID Number
To be eligible for credit, status must exis must be declared to the Department with date will be considered the signature dat	ned in Section 626.2815, F.S., must be attached. st as of compliance date. Any change in the status nin 30 days of the change using this form. Status te of the licensee on this form for any change in
compliance date.	
Comments and related information:	
Signature of Licensee	Signature of Employer
Date Signed	Date Signed
Date Signed	Date Signed