



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

NOTICE OF CHANGE OF SUPERVISOR AND/OR LOCATION

This form is used by an apprentice or intern to notify the Division of Funeral, Cemetery, and Consumer Services (Division) of a change in supervising licensee and/or location. It is the apprentice or intern's responsibility to submit a fully completed form to the Division. 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. License Number:	d. Email Address:	
Section 2. IDENTIFICATION OF TERMINATING SUPERVISOR		
a. First Name:	b. Last Name:	
d. Date supervision terminated:	c. License Number:	
Section 3. IDENTIFICATION OF NEW SUPERVISOR		
a. First Name:	b. Last Name:	
d. Date supervision began:	c. License Number:	
Section 4. IDENTIFICATION OF TRAINING FACILITY		
a. Name of Current Facility:	b. Facility License Number:	c. Date Approved as a Training Facility:
d. Name of New Facility	e. Facility License Number:	f. Date Approved as a Training Facility:
Section 5. SIGNATURES		
Under penalty of perjury, I declare that I have read the foregoing notice and that the facts stated in it are true.		
_____	_____	_____
Print Name of new supervisor	Signature of new Supervisor	Date
_____	_____	_____
Print Name of apprentice or intern	Signature of apprentice or intern	Date