



DEPARTMENT OF FINANCIAL SERVICES

Division of Agent & Agency Services - Bureau of Licensing

200 East Gaines Street, Larson Building Room 419

Tallahassee, FL 32399-0319

Name and Address of Appointing Entity

Return to:

Department of Financial Services
Bureau of Licensing
200 E Gaines Street
Tallahassee FL 32399-0319

Company Code _____

**Temporary Limited Surety Agent (T2-35), Limited Surety Agent (2-34),
Professional Bail Bond Agent (2-37) and Managing General Agents
For Bail Bond Business (0-60)**

Appointment TERMINATION Form

Print or Type

Part I

Section 1	Section 2	Section 3	Section 4	Section 5
License Number	Last Name, First Name and Middle Initial	County Code	Type & Class of Insurance	Effective Date of Termination
				/ /

PART II (to be completed by appointing company representative)

REASON:

- LICENSEE REQUEST
- DECEASED (ATTACH PROOF)
- NO LONGER REPRESENTS COMPANY
- ALLEGED VIOLATION OF THE FLORIDA STATUTES

EXPLANATION:

This form must be signed by an official of the appointing entity. This signature verifies that appropriate notice of termination has been given to the appointee pursuant to §648.39, Florida Statutes. Otherwise, this form must be signed by the appointee if he or she is requesting termination of the appointment themselves.

Signature of Appointing Official, or Agent (self termination)

Print/Type Name of Appointing Official or Agent (self termination)

Title

Date

Business Phone

License # (if applicable)