



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Agent & Agency Services – Bureau of Licensing*  
 200 East Gaines Street, Tallahassee, FL 32399-0319  
AgentLicensing@MyFloridaCFO.com  
 (850) 413-3291 FAX

**DESIGNATION OF SUPERVISING AGENT FOR  
 CUSTOMER REPRESENTATIVES AND LIMITED CUSTOMER REPRESENTATIVES**

This form must be completed at the inception of supervision of a Customer Representative or a Limited Customer Representative by the supervising licensed and appointed general lines agent and sent to the department at one of the addresses above.

**1. LICENSED AGENCY INFORMATION**

<b>License Number:</b>
<b>Name:</b>
<b>Street Address:</b>
<b>Street Address:</b>
<b>City:</b> <b>State:</b> <b>Zip Code:</b>
<b>Telephone:</b> <b>Fax:</b>
<b>Email:</b>

**2. SUPERVISING AGENT INFORMATION:**

<b>License Number:</b>
<b>Name:</b>
<b>Home Address</b>
<b>City:</b> <b>State:</b> <b>Zip Code:</b>
<b>Telephone:</b> <b>Fax:</b>
<b>Cell:</b> <b>Email:</b>

**3. CUSTOMER REPRESENTATIVES INFORMATION:**

<b>License #</b>	<b>Last Name:</b>	<b>First Name:</b>
<b>License #</b>	<b>Last Name:</b>	<b>First Name:</b>
<b>License #</b>	<b>Last Name:</b>	<b>First Name:</b>

I understand and agree to supervise the activities of the customer representatives listed above. I understand that if there is a change in the above information, I must complete a new form and submit it to the Department of Financial Services within ten (10) calendar days of the change being effective and I should retain a complete and accurate copy of this form in the agency records as listed in number 2 above.

\_\_\_\_\_  
 Supervising Agent's signature

\_\_\_\_\_  
 Supervising Agent's printed name

\_\_\_\_\_  
 Date