



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

NAME & ADDRESS OF APPOINTING ENTITY:

APPOINTMENT TERMINATION FORM
 TEMPORARY LIMITED SURETY AGENT (T2-35)
 LIMITED SURETY AGENT (2-34)
 PROFESSIONAL BAIL BOND AGENT (2-37)
 MANAGING GENERAL AGENTS (0-60)

COMPANY CODE:

PRINT OR TYPE.

PART I:

APPOINTEE'S LICENSE NUMBER	LAST NAME, FIRST NAME AND M.I.	BUSINESS COUNTY CODE	TYPE & CLASS	EFFECTIVE DATE OF TERMINATION

PART II: (to be completed by appointing company representative)

REASON:

EXPLANATION:

- Licensee request
- Deceased (attach proof)
- No longer represents company
- Alleged violation of the Florida Statutes

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 section 648.39, Florida Statutes. However, if the appointee is requesting termination of the appointment, he or she must sign the form.

 SIGNATURE OF APPOINTING OFFICIAL, OR AGENT FOR SELF-TERMINATION

 PRINTED NAME OF APPOINTING OFFICIAL, OR AGENT FOR SELF-TERMINATION

 TITLE DATE

 BUSINESS PHONE NUMBER LICENSE NUMBER, IF APPLICABLE