

<u>DEPARTMENT OF FINANCIAL SERVICES</u>

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	
Docume	ntation of government status as defined in S	ection 626.2815, F.S., mu	st be attached.
To be e	ligible for credit, status must exist as of	compliance date. Any	change in the status
must be	e declared to the Department within 30 d	ays of the change usin	g this form. Status
date wil	Il be considered the signature date of the	e licensee on this form	for any change in
complia	ance date.		
Comme	ents and related information:		
Signatu	re of Licensee	Signature	e of Employer
Date Sig	gned: / /	Date Sigr	ned: / /