

## NOTICE OF TERMINATION/CHANGE OF SUPERVISOR

This form is used by an apprentice or intern to notify the Division and Board of a change in supervising licensee. The apprentice or intern is responsible to obtain on this form the signature of the new supervisor. 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. Apprentice or Intern 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:	
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d. Date supervision began:		c. License Number:	
Section 4. INDENTIFICATION OF TRAINING FACILTY			
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
(If applicable):			Facility: / /
Section 5. SIGNATURES			
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Signature of new Supervisor	 Date		
Signature of new Supervisor	Dai	.0	
Signature of apprentice or intern Dat		 te	<del></del>
biginature of apprentice of intern			
Mail this completed form to:			

Division of Funeral, Cemetery & Consumer Services 200 East Gaines Street Tallahassee, FL 32399-0361

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