



Florida Department of Agriculture and Consumer Services
Division of Licensing

EMPLOYEE ACTION REPORT

Chapter 493, Florida Statutes

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691 Internet Address:
http://mylicensesite.com

WILTON SIMPSON
COMMISSIONER

NOTE: Place numbers and letters inside the blocks (see sample at right).

SAMPLE

Grid containing the sample name 'SMITH' and empty boxes for other characters.

USE OF SOCIAL SECURITY NUMBERS The submission of the applicant's or licensee's social security number is voluntary and is requested pursuant to sections 119.071(5)(a)2, 493.6105(3)(d), 493.6304(2)(a) and 493.6406(2)(a) Florida Statutes, for identification purposes, to prevent misidentification, and to facilitate the approval process.

SECTION I. LICENSEE INFORMATION

SOCIAL SECURITY NO. PRIMARY PHONE NO. ALTERNATE PHONE NO.

LAST NAME FIRST NAME MI

LICENSE NUMBER EXPIRATION DATE LICENSE NUMBER EXPIRATION DATE

ACTION TAKEN DATE HIRED DATE REASSIGNED
Employee Hire Reassigned to Nonregulated Duties

Employee Termination DATE TERMINATED Reason for Termination Reassigned Discharged

Designated Manager: DATE ASSIGNED

Remarks:

RESIDENCE ADDRESS

CITY STATE ZIP CODE

MAILING ADDRESS

CITY STATE ZIP CODE

SECTION II. AGENCY INFORMATION

AGENCY NAME

LICENSE NUMBER EXPIRATION DATE PHONE NUMBER

Agency Representative Name (Please Print Name) Signature Date Signed

