



**WILTON SIMPSON
COMMISSIONER**

Florida Department of Agriculture and Consumer Services
Division of Licensing

**TERMINATION/COMPLETION OF SPONSORSHIP
FOR PRIVATE INVESTIGATOR INTERN**

Chapter 493, Florida Statutes
Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691 Internet
Address: <http://mylicensesite.com>

This form must be completed by the primary or alternate sponsor within 15 days of the termination/completion of sponsorship.

NAME OF INTERN		CLASS CC LICENSE NUMBER	BUSINESS PHONE NUMBER ()
NAME OF PRIVATE INVESTIGATIVE AGENCY/EMPLOYER		BUSINESS PHONE NUMBER ()	
AGENCY OR BRANCH STREET ADDRESS		CITY, STATE, ZIP	
AGENCY OR BRANCH LICENSE NUMBER		LICENSE EXPIRATION DATE	
PRIMARY OR ALTERNATE SPONSOR'S NAME		SELECT ONE: <input type="radio"/> PRIMARY SPONSOR <input type="radio"/> ALTERNATE SPONSOR	
PRIMARY OR ALTERNATE SPONSOR'S LICENSE NUMBER		LICENSE EXPIRATION DATE	
DATES OF SPONSORSHIP FROM: ____/____/____ TO: ____/____/____ <small>MONTH DAY YEAR MONTH DAY YEAR</small>		Internship time is computed on a full-time, 40-hour workweek basis. The intern must serve a minimum internship period of two years (unless experience was previously verified by the Division of Licensing when the intern license was approved). Any overtime hours worked beyond the 40-hour workweek cannot be used to reduce the two-year requirement. If more than two years were needed to complete the internship period, provide an explanation on a separate sheet of paper.	
DESCRIBE IN DETAIL THE DUTIES PERFORMED BY THE INTERN DURING THE INTERNSHIP			

Sworn Affidavit: To be Completed by the Primary/Alternate Sponsor

I affirm that I am the primary/alternate sponsor named above.

I hereby attest that the intern worked under my direction and control during the dates specified above and learned the investigative skills necessary to perform competently as a private investigator.

STATE OF FLORIDA
COUNTY OF _____

Signature of Primary or Alternate Sponsor

The foregoing instrument was sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by:

Print Name of Primary or Alternate Sponsor

NOTARY SIGNATURE

PRINT, TYPE, OR STAMP NAME OF NOTARY

Personally Known Produced Identification Type of Identification Produced _____