



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Licensing

LETTER OF INTENT TO SPONSOR RECOVERY AGENT INTERN

Chapter 493, Florida Statutes
Post Office Box 5767•Tallahassee, FL 32314-5767•(850) 245-5691
www.mylicensesite.com

INSTRUCTIONS: This form must be completed by the primary sponsor of a Class "EE" Recovery Agent Intern. The designation of an alternate sponsor is optional. The sponsor or alternate sponsor must be a Class "E" or "MR" licensee.

NAME OF RECOVERY AGENCY/EMPLOYER

AGENCY OR BRANCH STREET ADDRESS, CITY, STATE, ZIP CODE

AGENCY PHONE NUMBER

AGENCY LICENSE NUMBER

LICENSE EXPIRATION DATE

NAME OF PRIMARY SPONSOR

LICENSE NUMBER

LICENSE EXPIRATION DATE

NAME OF ALTERNATE SPONSOR (OPTIONAL)

LICENSE NUMBER

LICENSE EXPIRATION DATE

I agree to sponsor the intern named below. During this period of internship, the activities performed by this individual will be under my direction and control, and I will provide a semi-annual progress report on this individual's conduct and performance on Form FDACS-16033 pursuant to Section 493.6116(5), Florida Statutes. In the event that I am unable to provide the required direction and control to the intern, I hereby designate the alternate sponsor named above, whose signature appears below and thus confirms the acceptance by that person of such designation. At such time that I no longer sponsor this individual, I will notify the Florida Department of Agriculture and Consumer Services in writing within 15 calendar days of the termination of such sponsorship, providing details about the performance of the intern, using Form FDACS-16017, Termination/Completion of Sponsorship for Recovery Agent Intern.

NAME OF CLASS "EE" APPLICANT/LICENSEE

"EE" LICENSE NUMBER

SIGNATURE OF PRIMARY SPONSOR

STATE OF FLORIDA

COUNTY OF _____

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

PRINT NAME OF PRIMARY SPONSOR

NOTARY SIGNATURE

PRINT, TYPE, OR STAMP NAME OF NOTARY

PERSONALLY KNOWN

PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED _____

I agree to fulfill the responsibilities of sponsor in the event that the primary sponsor named above is unable to perform those duties.

STATE OF FLORIDA

COUNTY OF _____

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

PRINT NAME OF ALTERNATE SPONSOR

NOTARY SIGNATURE

PRINT, TYPE, OR STAMP NAME OF NOTARY

PERSONALLY KNOWN

PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED _____