WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Licensing

INTERN SEMI-ANNUAL PROGRESS REPORT

Chapter 493, Florida Statutes

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

I, _____ (Name of Sponsor) hereby certify that the following information regarding the duties and performance of the intern named below is true and correct to the best of my knowledge. I understand that falsification or misrepresentation of any statement may subject me to criminal prosecution under Section 837.06, Florida Statutes.

Intern Name _____ License # _____ Telephone (___) _____

Employer's Name _____ License # _____ Telephone (___) _____

Employer's Address _____

The progress report covers the period ___/___/___ through ___/___/___. The intern performed the following duties _____ hours per week.

List only those duties directly related to the business for which licensure is sought.

_____

_____

_____

_____

How well were these duties performed? Excellent ☐ Good ☐ Fair ☐ Unsatisfactory ☐

Remarks: _____

_____

_____

_____

If this completes the internship period, do you recommend this intern for licensure? Yes____ No____
If no, please explain.

_____

_____

_____

_____

_____ _____ _____
Signature of Sponsor Date License #

_____ _____ _____
Signature of Intern Date License #

Original - Division
Copy - Intern