ADAM H. PUTNAM
COMMISSIONER

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

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

SAMPLE
S M I T H

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

◯ **Employee Hire**

DATE HIRED

◯ **Reassigned to Nonregulated Duties**

DATE REASSIGNED

◯ **Employee Termination**

DATE TERMINATED

Reason for Termination

◯ **Reassigned**

◯ **Discharged** If employee was discharged, please state reason in *Remarks* section below.

◯ **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