

Florida Department of Agriculture and Consumer Services  
Division of Licensing

**TERMINATION/COMPLETION OF SPONSORSHIP  
FOR RECOVERY AGENT INTERN**

Chapter 493, Florida Statutes

**ADAM H. PUTNAM  
COMMISSIONER**

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 EE LICENSE NUMBER	BUSINESS PHONE NUMBER (      )
NAME OF RECOVERY 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 one year (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 one-year requirement. If more than one year has been required 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 repossession skills necessary to perform competently as a recovery agent.

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 \_\_\_\_\_