INSTRUCTIONS: This form must be completed by the primary sponsor of a Class "CC" Private Investigator Intern. The designation of an alternate sponsor is optional. The sponsor or alternate sponsor must be a Class "C", "MA", or "M" licensee.

NAME OF PRIVATE INVESTIGATIVE 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-16016, Termination/Completion of Sponsorship for Private Investigator Intern.

NAME OF CLASS "CC" APPLICANT/LICENSEE  "CC" 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

☐ 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

☐ PERSONALLY KNOWN  ☐ PRODUCED IDENTIFICATION  TYPE OF IDENTIFICATION PRODUCED