



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Licensing

LETTER OF INTENT TO SPONSOR PRIVATE INVESTIGATOR INTERN

Chapter 493, Florida Statutes

Post Office Box 9100 • Tallahassee, FL 32315-9100 • (850) 245-5691  
Internet Address: <http://mylicensesite.com>

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		BUSINESS PHONE NUMBER (      )
AGENCY OR BRANCH STREET ADDRESS	CITY, STATE, ZIP	
AGENCY OR BRANCH LICENSE NUMBER	LICENSE EXPIRATION DATE	
PRIMARY SPONSOR'S NAME	LICENSE NUMBER	LICENSE EXPIRATION DATE
ALTERNATE SPONSOR'S NAME (OPTIONAL)	LICENSE NUMBER	LICENSE EXPIRATION DATE

**Sworn Affidavit: To be Completed by the Primary/Alternate Sponsor**

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 DACS-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 DACS-16016, Termination/Completion of Sponsorship for Private Investigator Intern.

\_\_\_\_\_ Name of CC Applicant / Licensee      CC Licensee # (if known)      Signature of Primary Sponsor

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument 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.

\_\_\_\_\_ Signature of Alternate Sponsor

The foregoing instrument 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 \_\_\_\_\_