

DBPR EL-4502 – Client Initiation or Termination Form

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

Chapter 468.529(3), Florida Statutes, requires that a licensed employee leasing company shall, within 30 days of initiation or termination, notify its workers' compensation insurance carrier, the Division of Workers' Compensation, and the Department of Revenue of both the initiation and termination of the company's relationship with any client company.

| EMPLOYEE LEASING COMPANY INFORMATION | | | |
|--|---------|--|------------------------|
| Company Name | | License # | |
| Street Address or P.O. Box | | | |
| City | | State | Zip Code (+4 optional) |
| Contact Person | Phone # | | Fax # |
| Federal Tax ID # | | State UCT # | |
| CLIENT COMPANY INFORMATION | | | |
| Client Company Name | | License # | |
| Street Address or P.O. Box | | | |
| City | | State | Zip Code (+4 optional) |
| Contact Person | Phone # | | Fax # |
| Federal Tax ID # | | State UCT # | |
| Date leasing arrangement entered into: _____ | | Date leasing arrangement terminated: _____ | |
| Employees Leased: All _____ Part _____ | | | |
| W/C class codes used in that location: | | | |
| Completed by: _____ | | Title: _____ | |
| (please print name) | | (please print title) | |
| _____ | | Date _____ | |
| (Signature) | | | |

Be sure to do the following:

- (1) Keep a copy of this completed form for your records.
- (2) Furnish a copy of this completed form to your workers' compensation carrier AND the following:

Dept. of Revenue
General Tax Administration
Return and Revenue Processing
 5050 West Tennessee Street
 Tallahassee, FL 32399-0100

Dept. of Financial Services
Division of Workers' Compensation
 200 East Gaines Street
 Tallahassee, FL 32399-4224