

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

**FLORIDA TELEMARKETING ACT
MATERIAL CHANGE FORM**

s.501.609(2),(3), Florida Statutes
5J-6.005

1-800-HELP-FLA (435-7352) • 850-488-2221 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

*Make check or money order payable
and remit with application to:*

FDACS
P.O. Box 6700
Tallahassee, FL 32399-6700

Section 501.609(2),(3),(4), F.S. require all licensed commercial telephone salespersons and licensed commercial telephone sellers to notify the Florida Department of Agriculture and Consumer Services within 10 days of any changes in information which was submitted as a condition for license.

Attach additional pages to this form as necessary. Please utilize the same format as below. You must enclose a \$10.00 check or money order made payable to Florida Department of Agriculture and Consumer Services. All fees are non-refundable. If salesperson, complete the Statement of Verification (on the following page) as required by Rule 5J-6005(4), (5), F.A.C.

Commercial Telephone Salesperson / Seller Name
as listed with the Department:

License Number
Issued by the Department:

Prior Information:

Revised Information:

Org Code: 42 10 06 07 000
EO: A2
Object Code: 004086 \$10.00

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STATEMENT OF VERIFICATION

Section 501.607(2)(a), Florida Statutes

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I, _____ represent that I am a licensed
commercial
(Name of Commercial Telephone Seller Designee)

telephone seller with _____ whom
(Name of Telephone Seller – Business)

_____ will be associated in the activity of commercial telephone solicitation.
(Name of Salesperson)

It is my desire to associate the individual above as a salesperson and I will accept all responsibility and liability for the commercial telephone solicitation activities of the salesperson, while acting within the scope of his/her employment.

(Signature of Commercial Telephone Seller Designee)

STATE OF: _____

COUNTY OF: _____

BEFORE ME,
an officer duly authorized to take acknowledgments in the State of _____,

personally appeared _____, who has represented that he/she is duly authorized
(Name of Commercial Telephone Seller Designee)

to bind the commercial telephone seller and acknowledges before me that he/she executed the foregoing instrument individually and on behalf of the commercial telephone seller and that the above statements are true.

Accepted this _____ day of _____, 20_____.

MY COMMISSION EXPIRES:

SEAL/STAMP

(Notary Public Signature)

(Notary Public Name, Please Print)