

**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.

<b>EMPLOYEE LEASING COMPANY INFORMATION</b>			
Company Name		License #	
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
Contact Person	Phone #		Fax #
Federal Tax ID #		State UCT #	
<b>CLIENT COMPANY INFORMATION</b>			
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