

## Change of Supervising Professional Request

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Firm Registration Number

Firm Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
*(for information about this form)*

Phone: \_\_\_\_\_

### Supervising Professional to be ADDED:

Name: \_\_\_\_\_

Louisiana License Number: \_\_\_\_\_

Firm Begin Date: \_\_\_\_\_

Firm End Date: \_\_\_\_\_

### Supervising Professional to be REMOVED:

Name: \_\_\_\_\_

Louisiana License Number: \_\_\_\_\_

Firm Begin Date: \_\_\_\_\_

Firm End Date: \_\_\_\_\_

I certify that the above information above is true and correct

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Email the form to Holly Lavigne at [hlavigne@lsbae.com](mailto:hlavigne@lsbae.com) after completing.