

Change of Supervising Professional Request

Date of Request

Firm Registration Number

Firm Name: _____

Contact Person: _____

E-Mail: _____

(for information about this form)

Supervising Professional to be ADDED:

Supervising Professional to be REMOVED:

Name: _____

Name: _____

License #: _____

License #: _____

Work Email: _____

Work Email: _____

Title: _____

Title: _____

Work #: _____

Work #: _____

Start Date at Firm: _____

Start Date at Firm: _____

End Date at Firm: _____

End Date at Firm: _____

(Type in "Present" if currently working at firm)

I certify that the above information above is true and correct

Signature

Print Name

Email the form to Holly Lavigne at hlavigne@lsbae.com after completing.