



DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

SAFETY COORDINATORS APPOINTMENT FORM

IN ACCORDANCE WITH SECTION 284.50(1), F.S., THE FOLLOWING INDIVIDUALS ARE APPOINTED

To: Department of Financial Services
Division of Risk Management
200 East Gaines Street
Tallahassee, FL 32399-0337

P L E A S E P R I N T O R T Y P E

FROM:

AGENCY: _____

SAFETY COORDINATOR: _____

EFFECTIVE DATE

SAFETY COORDINATOR NAME

POSITION TITLE

MAILING ADDRESS

CITY/STATE/ZIP CODE

AREA CODE/TELEPHONE NUMBER

SUNCOM NUMBER

AREA CODE/FAX NUMBER

SAFETY COORDINATOR E-MAIL ADDRESS

ALTERNATE COORDINATOR NAME

POSITION TITLE

MAILING ADDRESS

CITY/STATE/ZIP CODE

AREA CODE/TELEPHONE NUMBER

SUNCOM NUMBER

AREA CODE/FAX NUMBER

ALTERNATE COORDINATOR E-MAIL ADDRESS

AGENCY HEAD SIGNATURE

DATE