



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

**Cannabis Dispensing Organization**  
**Agent Termination Notification Form**

NAME OF PERSON SUBMITTING NOTIFICATION

CREDENTIAL NUMBER OF PERSON SUBMITTING NOTIFICATION

**28**

LIST PERSONS BEING TERMINATED	CREDENTIAL NUMBER	TERMINATION DATE	WAS THE PERSON TERMINATED FOR THEFT OR DIVERSION?	
			YES	NO
1.				
2.				
3.				
4.				
5.				

**Expired agent badges do not need to be returned to the Division, nor reported on this form.** This form must be completed electronically and e-mailed to [FPR.CannabisTerminationForms@Illinois.gov](mailto:FPR.CannabisTerminationForms@Illinois.gov) with the subject line "Agent Termination."

Send ALL agent cards to:  
**Illinois Department of Financial and Professional Regulation**  
Cannabis Control Section  
555 W. Monroe St., Ste. 500  
Chicago, IL 60661

*If any person was terminated due to theft or diversion, please describe the circumstances below:*