



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?
1.			YES NO
2.			YES NO
3.			YES NO
4.			YES NO
5.			YES NO

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 with the subject line "Agent Termination."

Send ALL agent cards to:
Illinois Department of Financial and Professional Regulation
Cannabis Control Section
320 W. Washington Street, 2nd. Floor
Springfield, IL 62786

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