



**SUFFOLK COUNTY PORTABLE FIRE EXTINGUISHER AND
AUTOMATIC FIRE EXTINGUISHING SYSTEMS LICENSING BOARD**
c/o Suffolk County Fire-Rescue, P.O. Box 127, Yaphank, NY 11980-0127
Phone: 631-852-4855



EMPLOYEE TERMINATION NOTICE

- This form shall be completed by the employer and mailed and/or hand delivered to the address below for any licensee who discontinues employment with a Suffolk County registered facility.
- Return ID card with this form.
- Please print.

EMPLOYEE INFORMATION	
NAME:	
HOME ADDRESS:	TELEPHONE #:
LICENSE #	EFFECTIVE DATE OF TERMINATION:

I certify that this individual is not an employee or representative of this registered facility as of the effective date shown above.			
NAME OF REGISTERED FACILITY:		PHONE:	
ADDRESS:		FAX:	
CITY:	STATE:	ZIP:	E-MAIL ADDRESS:
DETAILS:			
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF REGISTERED FACILITY:			
PRINTED NAME:		TITLE:	
SIGNATURE:		DATE:	