

**BOARD OF PRIVATE SECURITY PATROL OFFICERS & INVESTIGATORS
PO BOX 200513
HELENA, MT 59620-0513
(406) 841-2387**

CHANGE OF EMPLOYER , OR OTHER CHANGES THAT REQUIRE A NEW ID/LICENSE

Name of Licensee: _____

License Number: _____ Home Phone: _____

Home Address: _____

City/State/Zip: _____

_____ I wish to transfer my license to another employer. Enclosed is my wall license (if issued) and photo ID (if not already returned to previous employer) and \$10 transfer fee.

_____ I wish to reactivate my license. Enclosed is the \$10 fee.

_____ I wish to add a second employer to license/photo ID. I have had both my current employer & my new employer fill in and sign the necessary information below. Enclosed is the \$10 fee.

_____ I need a duplicate license/ID card due to loss of original. Enclosed is the \$10 fee.

_____ I need a duplicate license/ID card due to removing armed endorsement. Enclosed is the \$10 fee.

_____ I need a duplicate license/ID card due to adding armed endorsement. Enclosed is the \$25.00 armed endorsement fee and Certification/Requalification Form and \$10 for duplicate license/ID card.

<input type="checkbox"/>	Have you been charged with or convicted of a crime since your original license date? If yes, please explain on back of form.
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I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana Board of Private Security Patrol Officers and Investigators.

ATTENTION: PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM. I hereby declare under penalty of perjury the information given above to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to revocation of my license on ethical grounds. I have read and am familiar with the applicable laws of the State of Montana.

Legal Signature of Licensee

Dated

My signature below acknowledges that I am aware the licensee is employed by more than one company/business.

Current Employer Signature: _____ Date _____

Company Name of New Employer: _____

New Employer Street and/or PO Box Address: _____

City/State/Zip: _____

Phone: _____ Fax # _____

I agree to employ/supervise the above named licensee:
NEW EMPLOYER/SUPERVISOR SIGNATURE: _____