PRIVATE PROTECTIVE SERVICES BOARD REHIRE NOTICES

BPN: _____

DATE: _____

NAME OF COMPANY:	L
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LICENSEE / DESIGNEE _____

COMPANY ADDRESS:(Last 4 digits of SSN)							
Unarmed	Certified	Employee	Date of Birth	Social Security Number	Date of Rehire	Expiration Date	

PLEASE MARK WHETHER EMPLOYEE WORKED UNARMED/ CERTIFIED

This form may be duplicated or you may request additional forms from the Private Protective Services Board.