PRIVATE PROTECTIVE SERVICES BOARD

TERMINATION NOTICE

BPN: _____ DATE: _____

NAME OF COMPANY: _____

LICENSEE / DESIGNEE _____

COMPANY ADDRESS: _____

Armed	Unarmed	Certified	Employee	Date of Birth	Social Security Number-last 4 digits **only**	Date of Termination

PLEASE MARK WHETHER EMPLOYEE WORKED ARMED/ UNARMED/ CERTIFIED

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