

COMPANY LICENSE NUMBER

## NOTIFICATION OF TERMINATED EMPLOYEE

### PLEASE TYPE

THIS IS AN OFFICIAL NOTICE TO THE ARKANSAS BOARD OF PRIVATE INVESTIGATORS AND PRIVATE SECURITY AGENCIES THAT \_\_\_\_\_,

(Name of Employee)

\_\_\_\_\_, WHO IS REGISTERED WITH THE BOARD AS A(N):

(Social Security #)

P.S.O.     C.S.O.     MANAGER     R-P.I.     OTHER \_\_\_\_\_

IS NO LONGER EMPLOYED BY: \_\_\_\_\_

(Name of Company)

REASON FOR TERMINATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Owner/Manager's Signature)

\_\_\_\_\_  
(Date)