



ARIZONA DEPARTMENT OF PUBLIC SAFETY

SECURITY GUARD MONTHLY TERMINATION REPORT

Please terminate the following employees from _____ (Name of Agency)

Effective _____ (Date) Agency License Number _____

(NOTE: NAMES MUST BE PRINTED OR TYPED)

Agency Telephone No. _____

Table with 4 columns: NAME (Last, First, Middle), DATE OF BIRTH, STATE LICENSE NUMBER, SEX

PLEASE RETURN TO: Arizona Department of Public Safety, Attn: Licensing Unit, P.O. Box 6328, Phoenix, Az 85005

NAME (Please print) _____ TITLE _____

SIGNATURE _____