ARIZONA DEPARTMENT OF PUBLIC SAFETY

SECURITY GUARD MONTHLY NEW HIRE REPORT

The following list of employees have been hired by this agency _____
(Name of Agency)

Effective _____ **Agency License Number** _____
(Date)

Agency Telephone No. _____

(NOTE: NAMES MUST BE PRINTED OR TYPED)

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 _____

DPS 802-06787 12/91