

**Montana Private Security Program
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Helena, Montana 59620-0513
Phone: (406) 444-6880**

Email: **DLIBSDHELP@MT.GOV**

Website: **PRIVATESECURITY.MT.GOV**

CHANGE OF EMPLOYER FORM

Name of Licensee: _____

License Number: _____

Email Address: _____ Home Phone: _____

Home Address: _____

City/State/Zip: _____

I wish to transfer my license to another employer.

I wish to add a second employer to license/photo ID. I have had both my current employer and my new employer fill in and sign the necessary information below.

ATTENTION: PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM. I hereby declare under penalty of perjury the information given above to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to revocation of my license on ethical grounds. I have read and am familiar with the applicable laws of the State of Montana.

Legal Signature of Licensee

Date

FOR CHANGE OF EMPLOYER COMPLETE BELOW

Company Name of New Employer: _____

New Employer Company License Number: _____

New Employer Street/PO Box Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

My signature below acknowledges that I agree to employ/supervise the above named licensee.

New Employer Signature: _____ Date: _____

**IF EMPLOYED BY MORE THAN 1 SECURITY COMPANY –
FIRST EMPLOYER COMPLETE BELOW**

My signature below acknowledges that I am aware the licensee is employed by more than one security company.

Current (1st) Employer Signature: _____ Date: _____

Current (1st) Company License Number: _____