

Montana Private Security Program
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PRIVATE SECURITY PROGRAM CHANGE OF COMPANY/BUSINESS ADDRESS OR NAME, OR INDIVIDUAL LICENSEE LAST NAME.

Please use this form when changing the name of your company/business or address, or individual last name due to change of marital status.

Change of company name and/or address

Enclosed is my wall license (if issued), photo ID and an individual name change due to change of marital status. Please submit a copy of your Driver's License, Marriage Certificate or other official document that shows your current name. (Fax, Mail or Email)

Name of Licensee: _____

License Number: _____ Home Phone: _____

Home Address: _____

City/State/Zip: _____

New Name of Licensee _____

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

Dated

New Name of Company _____

Old Name of Company _____

New Address Street and/or PO Box _____

City/State/Zip _____

Phone Number _____ Fax Number _____