

MONTANA BOARD OF PRIVATE SECURITY
P. O. Box 200513
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HELENA, MONTANA 59620-0513
(406) 841-2300 FAX (406) 841-2309
E-Mail: dlibsdp@mt.gov Website: www.privatesecurity.mt.gov

CHANGE OF EMPLOYER OR DUPLICATE ID CARD/LICENSE FORM

Name of Licensee: _____

License Number: _____ Home Phone: _____

Home Address: _____

City/State/Zip: _____

___ I wish to transfer my license to another employer. Enclosed is my wall license and/or photo ID card (if not already returned to previous employer) and \$20 transfer fee.

___ I wish to add a second employer to license/photo ID. I have had both my current employer & my new employer fill in and sign the necessary information below. Enclosed is the \$20 fee.

___ I need a duplicate license/ID card due to loss of original. Enclosed is the \$20 fee.

___ I need a duplicate license/ID card due to removing armed endorsement. Enclosed is the \$20 fee.

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 Street and/or PO Box Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

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

NEW EMPLOYER/SUPERVISOR SIGNATURE: _____

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 _____