

MONTANA BOARD OF PRIVATE SECURITY
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(406) 841-2300 FAX (406) 841-2309
EMAIL: dlibsdp@mt.gov **WEBSITE:** www.privatesecurity.mt.gov

BOARD OF PRIVATE SECURITY CHANGE OF COMPANY/BUSINESS NAME, LAST NAME AND/OR ADDRESS

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

Enclosed is the \$10 fee for change of company name and/or address

Enclosed is my wall license (if issued), photo ID for a name change, and the \$10 fee. There is no charge for a name change due to change in 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 _____