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| **Firm Name:** |  | |  | |  |
| **Firm MT License Number:** |  | |  | |  |
| **Name and Title of Person Completing this form:** | | |  | |  |
| **Phone Number:** |  | |  | |  |
| **Dated:** |  | |  | |  |
| **NAME OF CURRENT EMPLOYEE** | | **DATE HIRED** | | **POSITION (i.e. Security Guard, Alarm Installer, Designated Manager)** | **LICENSE NUMBER** |
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