



**Secretary of State  
Office of Professional Regulation**

**PRIVATE INVESTIGATOR & SECURITY SERVICES  
Supervisor Authorization Form**

**Please check an option below:**

Initial Application/Renewal     Adding an Agency     Change in Agency

Printed Applicant/Employees Name	
Signature of Applicant/Employee	

**Statement of Supervisor:**

I hereby certify that the Agency named in this application has offered employment to the person named above.	
Supervisor's Signature and Date	

**Agency Information:**

Agency's Name:	
Agency License Number:	
Type of Registration:	<input type="checkbox"/> Security Guard <input type="checkbox"/> Investigator <input type="checkbox"/> Dog Handler

**All sections of this form must be complete to be accepted.**