

VERIFICATION OF LICENSURE

Please complete this section of the form and mail to EACH state board in which you are now or ever have been licensed to practice as a:_____.
You may copy this form as many times as needed. Some board may require a fee for this service. Please contact them directly for more information.

STATE BOARD:

I am applying for a license as a _____ in the State of Montana. The Board of Private Security requires this form to be completed by each state wherein I hold or ever have held professional/occupational licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **Private Security Program, PO Box 200513, Helena, MT 59620-0513** or **dlibsdhhelp@mt.gov** Your early response is appreciated.

Signature of Applicant

Name (Please print)

Address: _____

My license number in your state is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE **MONTANA PRIVATE SECURITY PROGRAM.**

State of: _____

Full Name of Licensee: _____

License No.: _____ Issue Date: _____

License current? ☐ Yes ☐ No If NO, please explain: _____

License Status: ☐ Active ☐ Inactive ☐ Other

Has license been suspended, revoked, placed on probation or otherwise disciplined?

☐ Yes ☐ No If YES, please explain and attach documentation: _____

Has licensee ever been requested to appear before your Board? ☐ Yes ☐ No If YES, please explain: _____

Derogatory information, if any: _____

Comments, if any: _____

BOARD SEAL

Signed _____

: Title: _____

State Board: _____ Date: _____