

## REQUEST FOR RENEWAL OF EMPLOYEE

This form must be completed and the original returned to the Private Security Bureau along with all required statutory fees and documents to renew an employee. **Note: This form may only be used to renew one employee. Please provide a separate Request for Renewal of Employee form for each employee being renewed.**

Social Security Number: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Pocket Card Expires: \_\_\_\_\_  
                     Last                                      First                                      Middle

Current mailing address of employee: \_\_\_\_\_  
   Street & Number                                      City                                      State                                      Zip

As a "bona fide" employee of: \_\_\_\_\_  
   Company                                      Company License Number

I verify that the above named individual is a "bona fide" employee of the company listed above and is qualified to perform the duties for which I am renewing them.

Signature of Manager or Owner: \_\_\_\_\_ Date: \_\_\_\_\_

<b><i>In the position of:</i></b>	<b><i>Orig. Renewal Fee:</i></b>	<b><i>Sub Fee:</i></b>	<b><i>Total Cost:</i></b>
<input type="checkbox"/> Instructor	\$100.00	+ \$5.00	= \$105.00
<input type="checkbox"/> Commissioned Security Officer (Attach Firearm re-qualification)	\$50.00	+ \$5.00	= \$55.00
<input type="checkbox"/> Personal Protection Officer	\$50.00	+ \$5.00	= \$55.00
<input type="checkbox"/> CE Instructor	\$100.00	+ \$5.00	= \$105.00
<input type="checkbox"/> Non-Commissioned Security Officer	\$30.00	+ \$3.00	= \$33.00
<input type="checkbox"/> Alarm Salesperson	\$30.00	+ \$3.00	= \$33.00
<input type="checkbox"/> Alarm Installer	\$30.00	+ \$3.00	= \$33.00
<input type="checkbox"/> Alarm System Monitor	\$30.00	+ \$3.00	= \$33.00
<input type="checkbox"/> Branch Office Manager	\$30.00	+ \$3.00	= \$33.00
<input type="checkbox"/> Employee of License Holder (formerly Administrative Security Person)	\$30.00	+ \$3.00	= \$33.00
<input type="checkbox"/> Electronic Access Control Device Installer (Includes Gate Operators)	\$30.00	+ \$3.00	= \$33.00
<input type="checkbox"/> Guard Dog Trainer	\$30.00	+ \$3.00	= \$33.00
<input type="checkbox"/> Locksmith	\$30.00	+ \$3.00	= \$33.00
<input type="checkbox"/> Private Investigator	\$30.00	+ \$3.00	= \$33.00
<input type="checkbox"/> Security Consultant	\$30.00	+ \$3.00	= \$33.00
<input type="checkbox"/> Security Salesperson	\$30.00	+ \$3.00	= \$33.00
<b><i>LATE FEES-please check the appropriate response and submit late fees.</i></b>			
<input type="checkbox"/> Late Renewal Fee 0-90 Days (Orig. renewal fee + one half renewal fee)	<input type="checkbox"/> Late Renewal Fee Over 90 Days (Orig. renewal fee + full renewal fee)		
<b>Note: Fee(s) submitted by mail, must also have a PSB-50 form attached. Payments received must be in the form of a Company check, cashier's check or money order.</b>			
<b>FEES SUBMITTED TO THE PRIVATE SECURITY BUREAU ARE NOT REFUNDABLE OR TRANSFERABLE.</b>			
<b>*****Critical Infrastructure*****</b>			
<input type="checkbox"/> Check this box if you are applying as a "Critical Infrastructure" facility. Complete PS-44 (Critical Infrastructure) form and submit this form along with the Request for Renewal of Employee. This form is located on our website at <a href="http://www.txdps.state.tx.us/psb">www.txdps.state.tx.us/psb</a> .			

I have enclosed \$ \_\_\_\_\_ in the form of a cashier's check, licensed company check or money order. Check # \_\_\_\_\_.

**NOTICE: This is a Governmental record.  
Any false statement made on this document could be considered a criminal violation.**

**EMPLOYEE (EXCEPT INSTRUCTORS) MUST COMPLETE THIS FORM**

**PRIVATE INVESTIGATOR REGISTRANTS ONLY:**

\_\_\_\_\_ I hereby certify that I have been continuously registered with the Private Security Bureau as a private investigator for **more than fifteen (15) years**.

\_\_\_\_\_ I hereby certify that I have been continuously registered with the Private Security Bureau as a private investigator for **less than fifteen (15) years**.

I \_\_\_\_\_, have completed the required minimum hours of  
Employee Name  
Board approved continuing education credits necessary for renewal of my registration.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**ALL REGISTRANTS:**

Please note that your application for renewal may be denied if you are either in default on a student loan or delinquent in the payment of child support (under either Chapter 57 of the Texas Education Code or Chapter 232 of the Family Code respectively).