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**PROFESSIONAL LICENSING
PRIVATE SECURITY TRAINING
16 HOUR CERTIFICATION FORM**

APPLICANT NAME _____
(LAST) (FIRST) (MI)

DATE OF BIRTH _____

INSTRUCTOR'S NAME _____

DATES OF COURSE _____

DATE OF CERTIFICATION _____

INSTRUCTOR'S COMMENTS

I, _____ attest that I have taught the above
(Instructor's Signature)
individual the curriculum required by the Board of Examiners.