Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
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FAX #: (608) 267-3816
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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

NOTICE OF CHANGE OF EMPLOYMENT OF PRIVATE SECURITY PERSON

NOTE: A private detective agency must notify the Department within 5 days after employing or terminating the employment of a private security person who holds a current private security permit issued by the Department. Use this form or a letter with comparable information and mail it or FAX it to 608-267-3816. (NOTE: This form cannot be used for private detective transfers. For a private detective transfer, submit Form #1329, Notice of Employment or Transfer of Private Detective License.)

NO FEE REQUIRED.

Type or Print In Ink

SECTION A: INFORMATION ABOUT PRIVATE SECURITY PERSON(S)

Name of Private Security Person	Date of Birth	Permit Number

PLACE AN "X" IN THE BOX IN FRONT OF **ONE** OF THE FOLLOWING STATEMENTS:

Reason for Completing this Form:

☐ The private security person(s) is/are now an employee of our private detective agency.

☐ The private security person(s) has/have terminated employment with our private detective agency.

☐ I will work for more than one agency employer and the agency listed below is in addition to the agency employer(s) the Department currently has on record.

SECTION B: TO BE COMPLETED BY PRIVATE DETECTIVE AGENCY EMPLOYER

Name of Employing Agency Exactly As It Appears on the Agency's License:

Agency's License Number	Telephone Number:
	(_____)

Signature of Agency Sole Proprietor, Officer, Partner, Manager or Supervisor

Date

Print or Type the Name of the Person Signing Above

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