Wisconsin Department of Safety and Professional Services

Mail To:	P.O. Box 8935	**Office Location:**	4822 Madison Yards Way
	Madison, WI 53708-8935		Madison, WI 53705
FAX #:	(608) 251-3036	E-Mail:	dsps@wisconsin.gov
Phone #:	(608) 266-2112	Website:	http://dsps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

NOTICE OF PRIVATE SECURITY PERSON(S) OR PRIVATE DETECTIVE(S) - **EMPLOYMENT TERMINATION**

NO FEE REQUIRED

A Private Detective/Security Agency must notify the Department within five (5) days after terminating the employment of a Private Security Person and within ten (10) days after terminating the employment of a Private Detective who holds a current credential issued by the Department. Use this form or submit a letter with the comparable information and mail or fax to the contact information listed above **or** e-mail to dspscredsecurity@wisconsin.gov**.**

SECTION A: Information about Private Security Person(s) - Print or Type all information

Name of Private Detective/Security Person(s):	Date of Birth:	Permit Number:	Date of Termination:
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SECTION B: To be completed by Private Detective/Security 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

Committed to Equal Opportunity in Employment and Licensing