

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dps@wisconsin.gov
Website: <http://dps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL 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 dpscredsecurity@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:
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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
(Print and Sign Form)

Date

Print or Type the Name of the Person Signing Above