Louisiana

State Board of Private Security Examiners

SECURITY OFFICER

TERMINATION

(PLEASE USE BLUE OR RED INK)

SECURITY OFFICER NAME: _____

PRIVATE SECURITY EXAMINERS (PSE) NO: _____

DATE OF HIRE:_____ **DATE OF TERMINATION:**_____

COMPANY NAME: _____ **COMPANY NO:** _____

REASON FOR TERMINATION:_____

_____

EQUIPMENT HOLD: YES ☐ **NO** ☐

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

_____ _____

SIGNATURE OF AUTHORIZED PERSONNEL **DATE**

THE SECURITY OFFICER TERMINATION MUST BE COMPLETED AND SUBMITTED TO THE BOARD
NO LATER THAN 10 DAYS FROM THE DATE OF TERMINATION

Revised 04-2023 / CFS

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