# PRIVATE PROTECTIVE SERVICES BOARD
# REHIRE NOTICES

BPN: _____ DATE: _____

NAME OF COMPANY: _____ LICENSEE / DESIGNEE _____

COMPANY ADDRESS: _____

_____ (Last 4 digits of SSN)

| Unarmed | Certified | Employee | Date of Birth | Social Security Number | Date of Rehire | Expiration Date |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**PLEASE MARK WHETHER EMPLOYEE WORKED UNARMED/ CERTIFIED**

This form may be duplicated or you may request additional forms from the Private Protective Services Board.

R. 7/96