



BLUE HEN CORPORATE CENTER  
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STATE OF DELAWARE  
DEPARTMENT OF SAFETY AND HOMELAND SECURITY  
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**PROFESSIONAL LICENSING  
PRIVATE SECURITY TRAINING  
16 HOUR CERTIFICATION FORM**

APPLICANT NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)

DATE OF BIRTH \_\_\_\_\_

INSTRUCTOR'S NAME \_\_\_\_\_

DATES OF COURSE \_\_\_\_\_

DATE OF CERTIFICATION \_\_\_\_\_

INSTRUCTOR'S COMMENTS

\_\_\_\_\_

I, \_\_\_\_\_ attest that I have taught the above  
(Instructor's Signature)  
individual the curriculum required by the Board of Examiners.