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**PROFESSIONAL LICENSING
MANDATORY
SECURITY GUARD TRAINING
CERTIFICATION FORM**

APPLICANT NAME _____
(LAST) (FIRST) (MI)

APPLICANT DATE OF BIRTH _____

DATES OF COURSE _____

DATE OF CERTIFICATION _____

INSTRUCTOR'S COMMENTS

INSTRUCTOR'S NAME _____
(PLEASE PRINT)

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