



**OHIO DEPARTMENT OF PUBLIC SAFETY
PRIVATE INVESTIGATOR SECURITY GUARD SERVICES**

1970 West Broad Street
P.O. Box 182001
Columbus, OH 43218-2001
PHONE (614) 466-4130 FAX (614) 466-0342
www.pisgs.ohio.gov

PISGS

EMPLOYEE TERMINATION REPORT

- Fill out all sections of the report. Incomplete reports and reports that are filled out improperly will not be returned for correction.
- Mail this report with wallet cards to the address listed above.

LICENSEE INFORMATION

COMPANY NAME		LICENSEE FILE #	
TRADE NAME			
ADDRESS (PHYSICAL ADDRESS)			
CITY		STATE	ZIP
DAYTIME PHONE #	FAX #	E-MAIL ADDRESS	

TERMINATED EMPLOYEE SSN	TERMINATED EMPLOYEE NAME (As It Appears on I.D. Card)	HIRE DATE (Per Employer's Payroll Records) MM/DD/YY	TERMINATION DATE (Per Employer's Payroll Records) MM/DD/YY	TERMINATED EMPLOYEE I.D. CARD #	I.D. CARD STATUS		
					PENDING APPLICATION NO CARD RECEIVED	RETURNED TO ODPS	EMPLOYEE DID NOT RETURN
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I affirm that the information provided is complete and accurate.

PRINT QUALIFYING AGENT NAME	QUALIFYING AGENT SIGNATURE	DATE
	X	

