



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

QUARTERLY REPORT

- Fill out all sections of the report. Incomplete reports and reports that are filled out improperly will not be returned for correction.
- A list of all currently registered employees must be submitted to PISGS at the end of each quarter.

QUARTER ENDING

REPORT YEAR _____ MARCH 31 JUNE 30 SEPTEMBER 30 DECEMBER 31

LICENSEE INFORMATION

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

REGISTERED EMPLOYEE SSN (Last Four Only)	REGISTERED EMPLOYEE NAME (As It Appears on I.D. Card)	HIRE DATE (Per Employer's Payroll Records) MM/DD/YY	REGISTERED EMPLOYEE I.D. CARD #	FIREARM BEARER? *			FIREARM BEARER REQUALIFICATION DATE* MM/DD/YY
				R	A	S	

I affirm that the information provided is complete and accurate.

PRINT QUALIFYING AGENT NAME	QUALIFYING AGENT SIGNATURE X	DATE
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*R=Revolver; A=Automatic; S=Shotgun

This form may be reproduced as needed by agency.

