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 TRANSFER**

Use this form ONLY to change the location of current employees from one branch office to another branch office within the same company. DO NOT TERMINATE the employee. Do not complete a PSU 0015 at the receiving licensee branch.

- Incomplete applications and applications that are filled out improperly will NOT be returned for correction.
- A check or money order, made payable to **Ohio Treasurer of State**, MUST be remitted with this application. ***Cash is not accepted.***
- **Transfer Fee is $5.00 per employee.**

TRANSFERRING LICENSEE INFORMATION

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

RECEIVING LICENSEE INFORMATION (MUST BE A BRANCH OF THE SAME COMPANY)

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

NAME OF EMPLOYEE	EMPLOYEE I.D. CARD #	SSN (last four only)	FEE
			$ 5.00
			$ 5.00
			$ 5.00
			$ 5.00
			$ 5.00
			$ 5.00
			$ 5.00
			$ 5.00
		TOTAL FEES	$

I affirm that the information provided is complete and accurate.

PRINT QUALIFYING AGENT NAME	QUALIFYING AGENT SIGNATURE **X**	DATE