COMPANY LICENSE NUMBER

CHANGE OF ADDRESS NOTIFICATION

PLEASE TYPE

THIS IS AN OFFICIAL NOTIFICATION TO THE ARKANSAS BOARD OF PRIVATE INVESTIGATORS AND PRIVATE SECURITY AGENCIES THAT THE BELOW NAMED COMPANY HAS CHANGED ITS ADDRESS:

NAME OF COMPANY: _____

NEW MAILING ADDRESS: _____

NEW STREET ADDRESS: _____
(If different from above)

PHONE: _____

_____ DATE: _____
(Signature of Owner/Manager