

(09/21)
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Corporations, Securities & Commercial Licensing
Licensing Division
P.O. Box 30018, Lansing, MI 48909
517-241-9221
www.michigan.gov/pi

WORKSHEET REFERENCE STATEMENT PROFESSIONAL INVESTIGATOR APPLICANT

AUTHORITY: P.A. 285 of 1965, MCL 338.827 (1)

To complete this form you must be a reputable citizen, have known the applicant for at least five years, and not be related by blood or marriage.

This Reference Statement must be notarized.

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Name of Applicant			Name of Agency (Applicant)	
Have you known the applicant for a period	of at lea	st 5 vears?	Are you related to the applicant by blood or marriage?	
Yes No			Yes No	
165			Tes NO	
Is the applicant honest, of good character a	nd com	petent? Yes	No	
Reference Statement:				
Additional Pages Attached Yes No				
Reference Name (Please Print)			Space reserved for Notary	
Address (Number & Street)				
City	State	Zip Code	1	
		•		
			4	
E-mail Address		Telephone Number	r	
		()		
Signature Dat		Date	1	