

(06/21)
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Corporations, Securities & Commercial Licensing
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WORKSHEET FOR EMPLOYEE ROSTERS SECURITY ALARM SYSTEM CONTRACTOR OR BRANCH LICENSE

	AUTHORITY: 1968 PA 3	-	• •			
If there are no employees for the quarterly reporting period, list "0" in the Total Nu Agency Name			nber of Employees box. Attach a		dditional pages as needed. License Number	
Address			City		State MI	Zip Code
Telephone Number	E-mail Address		Name of License H	ame of License Holder		
1st Quarter: January - March 3rd Quarter: July - September 2nd Quarter: April - June 4th Quarter: October - December			ered By Report Total Number of Employees for Quarter			
Sworn Statement: I affirm that I am authorized to act of complete, and accurate to the best	on behalf of the above named agency of my knowledge and belief.	and I ve	rify that the informa	ation contained	on this	s form is true,
Print Name of Person Preparing Report Signature				Title		
 Alphabetical listing of all employees that have been employed by your agency for the quarter, including; Human Resource Employees Those whose duties include altering, installing, maintaining, moving, repairing, replacing, selling, servicing, monitoring, responding to, or cause others to respond to a security alarm system. (MCL 338.1052(j)) 						
Last	Full Name First	M.I.	Date of Birth	Date of Hire	D	ate of Termination