

(06/21)
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Corporations, Securities & Commercial Licensing
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WORKSHEET FOR EMPLOYEE ROSTERS SECURITY GUARD AGENCY LICENSE OR BRANCH LICENSE

AUTHORITY: 1968 PA 330, MCL 338.1067(3)

If there are no employees for the quarterly reporting period, list "0" in the Total Number of Employees box. Attach additional pages as needed.

Agency Name					License Number		
Address		City		State MI	Zip Code		
Telephone Number	E-mail Address		Name of License Holder				
Quarter Covered by Report (Check only one box) 1st Quarter: January - March 2nd Quarter: April - June 4th Quarter: October - December		ber	vered By Report Total Number		of Employees for Quarter		
Sworn Statement: I affirm that I am authorized to act on behalf of the above named agency and I verify that the information contained on this form is true, complete, and accurate to the best of my knowledge and belief.							
Print Name of Person Preparing Report Signature			Title			Date	
 Alphabetical listing of all employees that have been employed by your agency for the quarter, including; Human Resource Employees An individual or an employee of an employer who offers, for hire, to provide protection of property on the premises of another, and includes an employee of a private college security force. (MCL 338.1052(g)) 							
Last	Full Name First	M.I.	Date of Birth	Date of Hire	D	ate of Termination	