

(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/securityalarm
www.michigan.gov/securityguard

WORKSHEET REFERENCE STATEMENT SECURITY ALARM & SECURITY GUARD APPLICANT

AUTHORITY: 1968 PA 330, MCL 338.1067(3)

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.

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Name of Applicant	Name of Agency	(Applicant)			
Have you known the applicant for a period of at least 5 years	Are you related to the applicant by blood or marriage?				
Yes No		Yes	No		
Is the applicant honest, of good character and competent	? Yes	No			
Reference Statement:					
Additional Pages Attached Yes No					
Reference Name (Please Print)					
Address (Number & Street)	City			State	Zip Code
E-mail Address				Telephone	Number
				()	
Signature				Date	

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