

Rev. 2.2024
Corporations, Securities & Commercial Licensing
Licensing Division
517-241-9221
CSCLonline@michigan.gov
www.mi.gov/securityguard
www.mi.gov/securityglarm

## **REFERENCE STATEMENT:**

AUTHORITY: 1968 PA 330, MCL 338.1057(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.

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

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