

Please print out and fax the following, along with your receipt, to 1.866.888.8026

GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES

APPLICANT NAME
(Print clearly)

APPLICANT TRACKING CODE
(Found on receipt page)

Provide the following information to supplement your online application:

Company Name: _____ License No.: _____

STARTING WITH YOUR CURRENT ADDRESS, LIST YOUR PREVIOUS ADDRESSES FOR THE PAST **FIVE (5)** YEARS. DATES MUST BE PROVIDED, **WITHOUT GAPS**. IF NECESSARY, USE ADDITIONAL PAGES.

| DATES | | STREET ADDRESS | CITY | STATE | ZIP |
|-------|----|----------------|------|-------|------|
| FROM | TO | | | | CODE |
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STARTING WITH YOUR CURRENT EMPLOYER, LIST YOUR EMPLOYMENT FOR THE PAST **FIVE (5)** YEARS. ALL TIME MUST BE ACCOUNTED FOR, INCLUDING PERIODS OF UNEMPLOYMENT. ALL BLOCKS MUST BE COMPLETED. IF NECESSARY, USE ADDITIONAL PAGES.

| DATES | | EMPLOYER | POSITION | SUPERVISOR |
|-------|----|----------|----------|------------|
| FROM | TO | | HELD | |
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- **Submit a copy of your Basic Training Course certificate of completion.**
- **Attach a 2 X 3 photograph taken within the past 6 months.**