

Termination/Withdrawal Form — Private Investigators and Private Guards Act (PIPGA)

Name of Business: _____	Date of Request: _____
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License Termination— When license holder ceases to be employed by the company, form must be submitted within 7 days of termination (per section 13(2)(c) of the Act). It is the responsibility of the employer to return the terminated license to the Security Programs Office (per section 14(2) of the Act). Failure to return license will impact eligibility for re-instatement.
PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR FILES.

Name and License #	Termination Date and Reason	License Returned
_____ # <input style="width:150px" type="text"/>	Termination Date: _____ Last day worked (if different than termination date): _____ Reason for termination: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain why)
_____ # <input style="width:150px" type="text"/>	Termination Date: _____ Last day worked (if different than termination date): _____ Reason for termination: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain why)
_____ # <input style="width:150px" type="text"/>	Termination Date: _____ Last day worked (if different than termination date): _____ Reason for termination: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain why)
_____ # <input style="width:150px" type="text"/>	Termination Date: _____ Last day worked (if different than termination date): _____ Reason for termination: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain why)

Application Withdrawal

Name	Date Submitted	Reason

Please note:

- The license is no longer valid once it has been terminated.
- As the employer, if the employee has turned over his/her identification card to the company, you are responsible for forwarding the license to the Department of Justice. Pursuant to section 14(2) of the *Private Investigators and Private Guards Act*, the company could be subject to a fine of \$237.50 for failing to forward the license as legislatively required.
- All relevant fields on this form must be completed.

Signature of Authorized Business Representative: _____ Print name: _____