



Service NL

NOTICE OF TERMINATION

THE PRIVATE INVESTIGATIONS & SECURITY SERVICES ACT

This is to advise that

_____ (Name of Agent)

_____ (Mailing Address)

has been terminated with effect from _____ for
the following reasons: (Date)

LICENCE TYPE

LICENCE NUMBER _____

- Private Investigator
- Armoured Vehicle Guard

- Security Consultant
- Burglar Alarm Agent

*(All information given above is privileged. Complete information is essential in the event of subsequent application for a licence by the individual. **Notice of Termination and agent's licence should be returned for cancellation within 5 days of employee's termination.**)*

Date

NAME OF AGENCY

Signature of Authorized Signing Official

Name (Please Print)