

APPLICANT NAME
(Print clearly)

APPLICANT TRACKING CODE
(Found on receipt page)

EMPLOYER REQUEST FOR CONCEALED PERMIT FOR EMPLOYEE

This form must be completed by the employer and accompanied by an application for a concealed weapon permit for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a concealed weapon must be made, with complete justification in support of the request.

TO : Georgia State Board of Private Detective & Security Agencies

FROM : _____
Print Name of License Holder for the Company

Company Name License Number

I hereby make request for a concealed weapon permit to be issued to _____.
Print Name of Employee

I have detailed below the specific duties that the employee will be assigned, along with complete justification of the necessity of carrying of a weapon in a concealed manner:

I certify and declare that the information presented in this request for a concealed weapon permit is a true description of the actual job duties that are or will be assigned to the above-named employee and a true representation of the facts in support of the necessity for carrying a concealed weapon in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for concealed weapon permit will be grounds for disciplinary action by the Board up to and including revocation of my license.

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

SIGNATURE OF THE LICENSE HOLDER

DATE

APPLICANT NAME
(Print clearly)

APPLICANT TRACKING CODE
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EMPLOYER REQUEST FOR SHOTGUN PERMIT

This form must be completed by the employer and accompanied by an application for a shotgun permit for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a shotgun must be made, with complete justification in support of the request.

TO : Georgia State Board of Private Detective & Security Agencies

FROM : _____

Print Name of License Holder for the Company

Company Name

License Number

I hereby make request for a shotgun permit to be issued to _____
Print Name of Employee

I have detailed below the specific duties that the employee will be assigned, along with complete justification of the necessity of carrying of a shotgun:

I certify and declare that the information presented in this request for a shotgun permit is a true description of the actual job duties that are or will be assigned to the above-named employee and a true representation of the facts in support of the necessity for carrying a shotgun in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for shotgun permit will be grounds for disciplinary action by the Board up to and including revocation of my license.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE LICENSE HOLDER

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____,

DATE

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____