



- MUST USE MOST **CURRENT FORM**
- **PRINT CLEARLY IN BLACK INK**
- **MAKE SURE ENTIRE CIRCLE IS FILLED**

EXAMPLE:

Yes No

NOTIFICATION OF TERMINATION - OWNER

EMPLOYEE INFORMATION

I understand that a termination form shall be required for each employee that is terminated. (Note: A list of terminated employees not on a prescribed form will not be processed.) Yes No

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

I understand that if a termination form is NOT filled out in its entirety or pertinent information NOT submitted, the form will not be processed by the Private Security Program. Yes No

I understand that a Company Representative must be replaced within ninety (90) days of the termination date. Yes No

I understand that a Notification of Termination merely states the company listed below no longer employs the listed employee. However, a termination does not remove the individual from the employee listing in TOPS. Yes No

Company/School Name	Company/School License Number
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Terminated Employee Printed Last Name	First Name	M.I.	Suffix (If Any)
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Terminated Employee Social Security Number	Terminated Employee Date of Birth
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Terminated Employee Email Address	Effective Date Of Termination (MM/DD/YYYY)
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TERMINATION INFORMATION (CHECK ALL THAT APPLY)

Company Representative Shareholder Officer
 Owner Partner

I am enclosing the terminated employee's Pocket Card as part of this Notification of Termination. Yes No *The Pocket Card was not returned.

SUPPLEMENTAL INFORMATION (REQUIRED WITH THIS APPLICATION)

The termination of an Officer requires the submission of Board or Meeting Minutes along with this notification.

The termination of an Owner, Partner, or Shareholder requires a business update application to account for ownership and a majority of shareholders will be required to submit a notarized statement of consent assigning shares along with this notification.

ACTIVE OWNER OR COMPANY REPRESENTATIVE INFORMATION

Licensed Owner or Company Representative Printed Last Name	First Name
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Licensed Owner or Company Representative Email
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I verify that the information provided is true and correct, and I understand that this is an official government record and that any false statement made on this document or any other supplement provided to the Department may result in criminal prosecution.

Owner or Company Representative Signature _____ Date _____

Note: Applicant is not required to submit Page 2 of this form.

This form and any attachments may be forwarded electronically to:

<https://www.dps.texas.gov/rsd/contact/psbsubind.aspx>

Privacy Policy Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious. Please visit: <http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm>