



NOTIFICATION OF TERMINATED EMPLOYEE



Effective Date
12-2016

NOTICE: Information contained on this form is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

THIS IS AN OFFICIAL NOTICE TO THE DEPARTMENT OF THE ARKANSAS STATE POLICE THAT THE FOLLOWING INDIVIDUAL IS NO LONGER EMPLOYED WITH THIS COMPANY:

NAME OF EMPLOYEE _____
Last First MI

SS#: _____ - _____ - _____ DOB: _____ CREDENTIAL # _____

REASON FOR TERMINATION _____

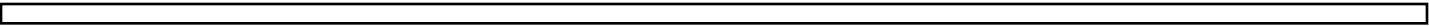
DATE OF TERMINATION _____

WAS THE EMPLOYEE'S POCKET CARD RETURNED TO THE MANAGER? YES NO

NAME OF COMPANY _____ CMPY # _____

OWNER/MANAGER'S SIGNATURE _____ DATE _____

NOTICE: Within seven (7) days after the licensee has received the identification card of a credentialed employee who has terminated his or her position, the licensee shall mail or deliver the credential photo identification card to the director for cancellation.



VOLUNTARY SURRENDER ACCORDING TO RULE 4.3 (IF APPLICABLE)

This is to serve as written notification to the Department of the Arkansas State Police that I am voluntarily surrendering my:

License (# _____) Credential (# _____) Commission (# _____)

SIGNATURE OF INDIVIDUAL SURRENDERING _____ DATE _____