



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

EXAMPLE:

Yes  No

**VERIFICATION OF EXPERIENCE**

**MANAGER INFORMATION**

This document was **completed by a client or employer**, qualified to verify the legal experience in the category of the license for which this manager is applying.  
(Note: Attachments will **NOT** be considered.)

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

I am including **Investigators Company Manager Experience**, with at least three (3) consecutive years of verifiable work experience performed. This experience was legally obtained **prior** to the date of this application, on a full-time basis in the field of investigation. (Note: For additional Investigator experience for consideration, please refer to Administrative Rule 35.221). Yes  No

I am including **Class B, Security Services Contractor Manager Experience** (excluding Guard Company), with at least two (2) consecutive years of verifiable work experience performed. This experience was legally obtained **prior** to the date of this application, on a full-time basis in **each** category of license for which you are applying. Yes  No

I am at least twenty-one (21) years of age and am including **Guard Company Manager Experience**, with at least three (3) years of accumulated work experience performed. This experience was legally obtained **prior** to the date of this application, in **each** category of license for which the applicant's prospective employer is licensed and at least one (1) year of experience in a managerial or supervisory position. Yes  No

I am including **Class B, Locksmith Manager Experience**, with at least two (2) consecutive years of verifiable work experience performed. This experience was legally obtained **prior** to the date of this application, on a full-time basis in **each** category of license for which you are applying. (Note: For additional Locksmith experience for consideration, please refer to Administrative Rule 35.222). Yes  No

**This is to certify and state that:** (THE PERSON FOR WHOM EXPERIENCE IS BEING VERIFIED)

Applicant Last Name	First	Social Security No.	-	-
---------------------	-------	---------------------	---	---

THE REMAINDER OF THIS FORM **MUST** BE FILLED IN BY THE VERIFYING PERSON

**EXPERIENCE INFORMATION**

Please provide a brief statement below on verifiable work experience:


The above services were performed: From Date: (MM/DD/YYYY) / / To Date: (MM/DD/YYYY) / /

**VERIFYING PERSON INFORMATION**

Last Name	First
Company Name (If Any)	
Address	Phone ( )
City	State (2-Digit Code) ZIP

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**.

Signature of Person Verifying Experience \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This form and attachments can be Faxed to (512) 424-7726 or (512) 424-7727 or forwarded by mail to:

**Texas Department of Public Safety  
Private Security MSC 0242  
PO Box 4087  
Austin, TX 78773-0001**