



# TMR

securityconsultants,inc.

## TMR Security Contractor Information Form - Please Provide Complete Information

### Contractor's Information Section

Investigator  
  Guard Supervisor  
  Clerical/Administrative  
  Other

EFFECTIVE DATE CONTRACTED (M/D/Y)		YOUR AGE	
SOCIAL SECURITY NUMBER (SEE INSTRUCTIONS - PRIVACY NOTIFICATION)		DATE OF BIRTH	
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX(IE: SR/JR)
STREET ADDRESS		APT/UNIT/PO BOX	
CITY	STATE	ZIP	COUNTY
DAYTIME PHONE	FAX NUMBER	EMAIL ADDRESS	

### Contractor's Background Data

Answer the following questions by checking either "Yes" or "No"	Yes	No
1. Are you a citizen of the United States?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. If answer to question 1 is "No", are you a legal permanent resident of the United States in possession of a current alien registration card? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Except for a minor traffic infractions, have you ever been convicted of a misdemeanor or felony in this state or elsewhere? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. a) Has any Private Investigator, Bail Enforcement Agent, or Watch, Guard, or Patrol Agency license issued to you or to a partnership or corporation, of which you were a member or officer, ever been revoked in this state or elsewhere? .....	<input type="checkbox"/>	<input type="checkbox"/>
b) Has any application submitted by you for license as Private Investigator, Bail Enforcement Agent, or Watch, Guard, or Patrol Agency ever been denied by this state or any other governmental or regulatory body or office in this state or elsewhere? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any license or permit issued to you or applied for by you ever been denied, suspended, or revoked by this state or any other governmental or regulatory body or office in this state or elsewhere?.....	<input type="checkbox"/>	<input type="checkbox"/>

*Continued on next page...*

6. Are you presently under indictment for any crime or offense in this state or elsewhere?.....
7. Is there any complaint against you now pending before any department, bureau, board, prosecuting officer, criminal court or any other governmental or regulatory body or office in this state or elsewhere?.....
8. If answer 3 to 7 inclusive is "Yes", explain fully, setting forth details for each such answer (Attach additional sheets if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Have you been dismissed from any employment for any reason other than lack of work?.....    
 If "Yes", please give dates, nature, place of such employment, name and address of employer(s) and reason(s) for such dismissal. (Attach additional sheets if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contractor's Residence History**

Complete list of all your residence addresses for the three (3) years immediately preceding the filing of this statement. You may copy this sheet and attach as many pages as needed.

Dates (MM/YY)	Your Residence History
FROM:	STREET:
TO:	CITY: STATE: ZIP:
FROM:	STREET:
TO:	CITY: STATE: ZIP:
FROM:	STREET:
TO:	CITY: STATE: ZIP:
FROM:	STREET:
TO:	CITY: STATE: ZIP:

## Business Information Section

Private Investigator    Bail Enforcement Agent    Watch, Guard or Patrol Agency

\_\_\_\_\_  
UID# OF BUSINESS

\_\_\_\_\_  
BUSINESS NAME (AS IT APPEARS ON BUSINESS LICENSE)

\_\_\_\_\_  
BUSINESS STREET ADDRESS

\_\_\_\_\_  
APT/UNIT/PO BOX

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
COUNTY

## TMR Affirmation (DO NOT FILL OUT - TMR OFFICE USE ONLY)

I have read this statement and have verified the information contained herein.

X

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
TITLE