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Where necess	* · · · · · · · · · · · · · · · · · · ·	•	_		accompany this application	on.
Name	Visit <u>www.mac</u>	hs.mshp.dps.mo.ge	Phone	your backgroui	<u> 10 спеск.</u>	
Name			FIIOTIE			
Address			Place of Employment			
City, State, Zip		Letter of Employment Attached YES NO				
Social Security Numb		Date of Birth				
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Hair Color	Eye Color	Weight		Height	Blood Type	
Applicant's Police Re	sord (if any)					
Applicant of once he						
Application fee: \$40						
ALSIFICATION OF AN	Y INFORMATION LISTE	ED ABOVE CAN RESU	LT IN REVOCA	ATION OF YOUR L	ICENSE AS A SECURITY GUA	RD.
HE \$40 DEPOSIT WIL	L NOT BE REFUNDED B	BUT UPON APPROVAI	L WILL BE APF	PLIED TOWARD Y	OUR LICENSE.	
RETURN APPLICATION	ITO:					
CITY OF CAPE GIRARD						
VO.k@l@kouk		-				
CAPE GIRARDEAU, MO	А	Applicant's Signature		Date	Date	