



*Louisiana*  
*State Board of Private Security Examiners*

**SIGNATURE AUTHORITY**  
(PLEASE COMPLETE AND RETURN TO BOARD OFFICE)

**COMPANY NAME:** \_\_\_\_\_  
**COMPANY NUMBER:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

	NAME PRINTED	SIGNATURE
Licensee:	_____	_____

Qualifying Agent:	_____	_____
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**Five Authorized Signatures:**

- |     |       |       |
|-----|-------|-------|
| 1.) | _____ | _____ |
| 2.) | _____ | _____ |
| 3.) | _____ | _____ |
| 4.) | _____ | _____ |
| 5.) | _____ | _____ |

REVISED 8/1/06 JBR