

LICENSE No. **P-**

Cl. P. Rutter
Director of Licensing

Bureau of Security and Investigative Services
400 R STREET, SUITE 3080
BOSTON, MASSACHUSETTS



PRIVATE INVESTIGATOR

License N° _____ Expiration _____

Signature _____
PPIPIA RECEIPT N° _____

I M P O R T A N T

1. Please include your LICENSE NO. on any correspondence to this office.
2. Notify the Division of Licensing of any name or address change in writing.
2. Report any loss immediately in writing to the Division of Licensing.
4. Please sign and carry the pocket identification card with you.

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Cl. P. Rutter
Director of Licensing

Bureau of Security and Investigative Services
400 FEDERAL STREET,



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PRIVATE DETECTIVE LICENSE

Print on plain white paper.

Type appropriate information on card.

Option 1: use built-in Acrobat form fields above.
Option 2: delete default entries above and print prop "blank". Then put blank card into an actual typewriter, or use your choice of word-processor / page layout software with alternative fonts.

After information is entered, fold on dashed line and glue sides together. Trim on crop marks. Slightly rounded corners would be most authentic.

Don't forget the signature. Laminate if possible.

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