



**NORTH CAROLINA  
PRIVATE PROTECTIVE SERVICES BOARD**



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**ASSOCIATE LICENSEE - SUPERVISOR'S EVALUATION**

Please provide the PPS Administrative Office with an evaluation of the Associate's progress since employment with your company. Also, indicate the number of hours worked.

**Associate's Name:** \_\_\_\_\_

**Type of Associate Permit Held** (check box):  Private Investigator  Electronic Counter Measures  
 Polygraph

**Number of Hours Worked under Sponsor's supervision:** \_\_\_\_\_

**Evaluation:**

\_\_\_\_\_  
Supervisor's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn and Subscribed to Before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

[SEAL]

My Commission expires: \_\_\_\_\_