



NORTH CAROLINA PRIVATE PROTECTIVE SERVICES BOARD

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CERTIFICATE OF SUPERVISION AND REQUEST FOR TEMPORARY PERMIT TO BE ISSUED

I certify that [Applicant's Name] who resides at [Applicant's Address] is or will be an employee of [Company Name] located at [Company Address] telephone number [Company Telephone Number]

I further certify that he/she will work with and under my direct supervision as a [Type of Permit] in accordance with North Carolina General Statute 74C at all times while performing duties associated with this training program. I, [Name], being currently licensed by the Private Protective Services Board, holding license number [Number] which expires on [Date] request a Temporary License be issued to applicant upon completion of an initial background investigation. Applicant [Name] has read, understands, accepts and will abide by all applicable regulations in N.C.G.S. 74C.

As the applicant's sponsor, I certify that I will at all times closely monitor, supervise and direct the applicant who shall at all times remain an employee under my supervision. I understand the employee may not be sub-contracted, loaned or assigned to any other licensee during this temporary period without written permission from the Director. I also understand the applicant's actions during employment are my sole responsibility.

I certify the above named individuals appeared before me this the [Day] day of [Month] 20 [Year]. [Notary Name] My Commission Expires [Date]

PRIVATE PROTECTIVE SERVICES OFFICE USE ONLY

TEMPORARY PERMIT

Applicant [Name] who resides at [Address] is or will be an employee of [Company Name] located at [Company Address] telephone number [Company Telephone Number]

has requested the issuance of a temporary permit. On a finding that the applicant has a qualified sponsor supervising [Number of Associates] associates, who is willing to supervise the applicant as a Private Investigator Associate in accordance with North Carolina General Statute 74C and the conditions set out above at all times while performing duties associated with the Private Protective Services Profession. On a finding the initial application is in order, a criminal history check is satisfactory and the sponsor has provided adequate applicant background information, a temporary is issued.

[Signature Box] Investigator [Signature Box] Field Services Supervisor [Signature Box] Date [Signature Box] Director [Signature Box] Date

This will serve as your temporary permit. Not valid unless signed by the Director under PPS Seal. In accordance with General Statute 74C-15(a), this must be in your possession at all times when on duty and working within the scope of your employment. With this document, you are authorized to work until [Date].