Council on Law Enforcement Education And Training Affidavit For Agency Name Change

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Date:	Security Agence (Circle a	y PI Agei	-	Both
				2
Address:				
City:State: Telephone Number ()	Zıµ			
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Change Name To:				
Address:City:	State:			
Telephone: ()		16		
Owner of Agency:	15			
Owner of Agency:City:City:	State:	Zip:		3
Telephone:				
8 8				
Has this agency been incorporated? (If yes, ettach copy of incorporated documents)	Yes	No		
Has this agency been registered with the (If yes, attach copy of registration)			Yes	No
General Liability Insurance? Yes Na (Attach original of Bond or Certificate of Insur	o Bond? rance)	Yes	No	
O.A.C. 390:35-5-1(c)-*Agency licenses and The person whose signature appears below, And Training that they are the legal owner or for the above ilsted agency. This individual a	035 0	3. (S	ð,	
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