

COMPANY POLICE PROGRAM

P.O. Box 310

Raleigh, NC 27602-0310

**REPORT OF EMPLOYING BUSINESSES
AND INSTITUTIONS**

Pursuant to 12 NCAC 021 .0203(7) every department certified as a Company Police Agency shall complete and submit to the Company Police Program Administrator a listing of the names and addresses of all employing businesses and institutions for which the company police agency provides services. Failure to provide this information is a ground to revoke certification pursuant to 12 NCAC 021 .0211(a) (3) and (4). All certified Company Police Agencies have a continuing duty to ensure that this document remains current by notifying the Program Administrator of any changes in this list. Failure to submit any report, notification or other information required or requested by the Company Police Administrator is a ground to suspend or revoke an agency's certification.

Name of Agency: _____ Phone _____

Name of Agency Head: _____

Address of Agency: _____

Name of Employer _____ Phone _____

Contact Person _____ Days/Hours Contracted _____

Address of Employer _____ County _____

Signed on _____ Expires on _____ Renewed on _____ Terminated on _____

Name of Employer _____ Phone _____

Contact Person _____ Days/Hours Contracted _____

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