

Michigan Department of Energy, Labor & Economic Growth
 Bureau of Commercial Services
 Licensing Division
 SECURITY REGULATION
 P.O. Box 30018, Lansing, MI 48909
 517-241-8205
 www.michigan.gov/commerciallicensing

PERSONAL REFERENCE FORM

AUTHORITY: P.A. 330 of 1968

COMPLETION: Voluntary

PENALTY: Failure to complete may result in denial of the application

To complete this form you must have known the applicant for at least five years and not be related by birth or marriage.

| | | | | |
|--|-----------|--|---|-------------------------------------|
| Name of Applicant | | | | |
| How long have you known applicant? | | | How often do you see the applicant at the present time? | |
| Are you related? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Upon which of the following conditions is your acquaintance based? <input type="checkbox"/> Educational <input type="checkbox"/> Social <input type="checkbox"/> Neighbor <input type="checkbox"/> Business | | |
| Does the applicant use intoxicants to excess? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Does the applicant use narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the applicant display respect for other persons and their property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Has the applicant ever been arrested or involved in any trouble? <input type="checkbox"/> Yes - Please explain on reverse side <input type="checkbox"/> No | | | | |
| To the best of your knowledge, has the applicant demonstrated any characteristics unbecoming or inappropriate for the type of license for which he/she is applying. <input type="checkbox"/> Yes - Please explain on reverse side <input type="checkbox"/> No | | | | |
| List where the applicant has been employed during the past 10 years, if it is known to you. | | | | |
| A. _____ | | | | |
| B. _____ | | | | |
| C. _____ | | | | |
| D. _____ | | | | |
| NOTE: Feel free to include any further information or additional remarks on the reverse side of this form. | | | | |
| Name of Reference (Please Print) | | | Occupation or Title | |
| Home Address (Number & Street) | City | State | Zip Code | Home Telephone Number () |
| Business Address (Number & Street) | City | State | Zip Code | Business Telephone Number () |
| Date | Signature | | | |