

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Commercial Services  
 Licensing Division  
 PROFESSIONAL INVESTIGATOR  
 P.O. Box 30018, Lansing, MI 48909  
 517-241-8720  
 www.michigan.gov/pi

## PERSONAL REFERENCE FORM

AUTHORITY: P.A. 285 of 1965, as amended & P.A. 330 of 1968, as amended  
 COMPLETION: Voluntary  
 PENALTY: Failure to complete may result in denial of the applicant's 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	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			

**NOTE: THIS FORM MUST BE NOTARIZED.**

**STATE OF MICHIGAN**

COUNTY OF \_\_\_\_\_ ss.

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

Name of Notary: \_\_\_\_\_

County: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Commission Expires: \_\_\_\_\_  
(Type, Print or Stamp)