NOTIFICATION OF TERMINATED EMPLOYEE

Effective Date 2-2026

NOTICE: Information contained on this form is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

THIS IS AN OFFICIAL NOTICE TO THE DEPARTMENT OF THE ARKANSAS STATE POLICE THAT THE FOLLOWING INDIVIDUAL IS NO LONGER EMPLOYED WITH THIS COMPANY:

NAME OF EMPLOYEE _____
Last First MI

SS#: _____-_____-_____ DOB: _____ CREDENTIAL #_____

REASON FOR TERMINATION _____

_____

DATE OF TERMINATION _____

NAME OF COMPANY _____ CMPY #_____

OWNER/MANAGER'S SIGNATURE _____ DATE _____

VOLUNTARY SURRENDER ACCORDING TO RULE 17 CAR § 350-904 (IF APPLICABLE)

This is to serve as written notification to the Department of the Arkansas State Police that I am voluntarily surrendering my:

☐ License (#_____) ☐ Credential (#_____) ☐ Commission (#_____)

SIGNATURE OF INDIVIDUAL SURRENDERING _____ DATE _____