ASSOCIATE LICENSEE - SUPERVISOR’S EVALUATION

Please provide the PPS Administrative Office with an evaluation of the Associate’s progress since employment with your company. Also, indicate the number of hours worked.

Associate’s Name: ____________________________________________

Type of Associate Permit Held (check box): □ Private Investigator □ Electronic Counter Measures □ Polygraph

Number of Hours Worked under Sponsor’s supervision: ______________________________

Evaluation:

________________________________________________________________________________________

Supervisor’s Printed Name ___________________________ Signature ___________________________ Date ___________

Sworn and Subscribed to Before me this ________ day of _______________________ 20____.

___________________________________________ [SEAL]
Notary Public

My Commission expires: ____________________________