



CHANGE OF EMPLOYEE'S INFORMATION FORM



Effective Date
5-2019

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.

(PREVIOUS) NAME OF CREDENTIALLED EMPLOYEE _____ CREDENTIAL # _____

THIS IS AN OFFICIAL NOTIFICATION TO THE DEPARTMENT OF THE ARKANSAS STATE POLICE THAT THE FOLLOWING INFORMATION HAS CHANGED (select any changes that are applicable):

(NEW) EMPLOYEE NAME (**NOTE:** Proper court documentation which created the change must be attached to this form)

NEW MAILING ADDRESS

NEW PHONE NUMBER

(_____) _____

NEW EMAIL ADDRESS

I hereby certify to the Department of the Arkansas State Police that the above information is true and correct.

OWNER/MANAGER SIGNATURE _____ DATE _____

NOTICE: A licensee or manager shall notify the Director of the Department of Arkansas State Police within fourteen (14) days after a change in the credentialed person's name, address, telephone number, or email address.