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SPONSOR FORM

DATE:			
SPONSORING AGENCY NAM	E:		
AGENCY MAILING ADDRESS			
	(city)	(state)	(zip)
AGENCY PHONE # ()_			
Please print the following:			
I agree to sponsor(n	ame of applicant o	or investigator)	
in the capacity indicated below:			
() Licensed Investigator			
() Apprentice			
Agency Owner/Manager:			
(Print name)		(Signature)	

Owner/Manager's LA Private Investigator License Number