

# SOUTH CAROLINA LAW ENFORCEMENT DIVISION



**NIKKI R. HALEY**  
*Governor*

**MARK A. KEEL**  
*Chief*

## REQUEST FOR TEMPORARY SECURITY OFFICER REGISTRATION

**Company No:** \_\_\_\_\_

**Name/Address of Company:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Requestor:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_  
(Date employment ends)

**Location of Event:** \_\_\_\_\_

| NAME | SSN<br>(Required) | DOB | RACE | SEX | HEIGHT | WEIGHT |
|------|-------------------|-----|------|-----|--------|--------|
|      |                   |     |      |     |        |        |
|      |                   |     |      |     |        |        |
|      |                   |     |      |     |        |        |
|      |                   |     |      |     |        |        |
|      |                   |     |      |     |        |        |
|      |                   |     |      |     |        |        |
|      |                   |     |      |     |        |        |
|      |                   |     |      |     |        |        |
|      |                   |     |      |     |        |        |
|      |                   |     |      |     |        |        |

**In accordance with § 40-18-90 of the South Carolina Code of Laws, all information must be submitted to SLED at least FIVE days prior to the commencement of the special event with a fee of FIVE DOLLARS (\$5.00) for each temporary employee.**

Rev. 10/14



An Accredited Law Enforcement Agency

P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7588