ROBERT B. EVNEN
Secretary of State

1201 N Street, Suite 120
Lincoln, NE 68508

VOUCHER FOR PLAIN CLOTHES DETECTIVE

This voucher is to be signed by one of the officers of the Private Detective Agency employing the Applicant.

STATE OF _____)
) *ss*
COUNTY OF _____)

_____, being first duly Sworn on oath say that they are the _____
Name of Officer Title of Officer

of _____, a licensed Private Detective Agency, and they have investigated
Name of Private Detective Agency

the past record of _____, Applicant for Plains Clothes Detective under said
Name of Employee/Applicant

Private Detective Agency, and that from such investigation, they believe the Applicant is competent and trustworthy to act as a Plain Clothes Investigator employed by said Private Detective Agency in such manner as to safeguard the interests of the public and that said Private Detective Agency approves such application.

_____
Signature of Officer

Subscribed and sworn to before me this _____ by _____
Date Name and Title of Officer

of _____.
Name of Private Detective Agency

My Commission expires _____, 20____. _____
Signature of Notary Public

↓Affix Seal Below↓