

Private Security Regulation Authority 12 Ocean Boulevard Kingston Mall 6<sup>th</sup> Floor Office Centre Building

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

(Applicant's Address)

## **Re: Lost PSRA License**

Police Station \_\_\_\_\_

Report Receipt # \_\_\_\_\_

Dear Ms. Campbell,

Yours Truly,

(Applicant's Name)

(Applicant's Signature)