Date: [Insert Date]

To: [Recipient Name/Organization]
Department: [Insert Department Name]
Address: [Insert Address]

Subject: Duty Clearance for Armed Security Guard

To Whom It May Concern,

This letter serves to formally certify that **[Employee Full Name]**, Employee ID: **[ID Number]**, is officially cleared and authorized to perform armed security duties on behalf of **[Company Name]**.

The aforementioned individual has successfully met the following requirements:

- Current and valid state-issued Armed Security Guard License/Registration (License #: [License Number]).
- Completion of mandatory firearms proficiency training and qualification as of [Date of Qualification].
- Successful completion of a comprehensive criminal background check and psychological evaluation.
- Current medical clearance confirming fitness for duty.

The bearer is authorized to carry the following service weapon while on duty: **[Weapon Make/Model/Serial Number]**.

This clearance is valid until **[Expiration Date]**, unless revoked earlier due to administrative or disciplinary actions. Should you require further verification, please contact **[Contact Person Name]** at **[Phone Number]** or **[Email Address]**.

Sincerely,

[Signature]
[Name of Authorizing Official]
[Title/Position]
[Company Name]