



APPLICATION FOR LICENSURE AS A PRIVATE INVESTIGATOR FIRM

State Form 53325 (R6 / 2-17)

Approved by State Board of Accounts, 2017

PRIVATE INVESTIGATOR AND SECURITY GUARD LICENSING BOARD
PROFESSIONAL LICENSING AGENCY
 402 West Washington Street, Room W072
 Indianapolis IN 46204-2700
 Telephone: (317) 234-3022
 E-mail: pla10@pla.in.gov
 www.pla.in.gov

- INSTRUCTIONS:**
- In accordance with 874 IAC 2-1-1, the application / issuance fee for a license as a private investigator firm is:
 - \$300 if the application is filed one year or more from the date of the next quadrennial renewal expiration date; or
 - \$150 if the application is filed less than one year from the date of the next quadrennial renewal expiration date.
 - All fees are non-refundable and non-transferable.
 - Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.
 ** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
LICENSE NUMBER	
DATE LICENSE ISSUED (month, day, year)	

One (1) photograph required.
 Recent head and shoulder 2" X 2" photo must be attached to application. Photo must be of passport quality.

DO NOT WRITE ABOVE THIS LINE

Type of application (check one) New Private Investigator Firm License New Qualifier for Existing Licensed Private Investigator Firm

FIRM QUALIFIER INFORMATION

Name of applicant (last, first, middle, maiden or previous)		Social Security number *	
Date of birth (month, day, year)	Place of birth (city and state or country)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address of applicant (number and street or rural route)		City, state, and ZIP code	County
Telephone number (daytime) ()	E-mail address		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No			

List any additional residential addresses within previous seven (7) years.

ADDRESS (number and street, city, state, and ZIP code)	COUNTY

FIRM INFORMATION

Name of firm (under which firm currently does business or intends to do business)		
Position of applicant / firm qualifier (State "individual" if sole practitioner or name position title within firm.)	Telephone number of firm (include area code) ()	
Address of firm (number and street, city, state, and ZIP code)		
Website of firm (URL)	Federal identification number	Indiana license number of firm (if new qualifier)

If the firm has registered as a Corporation, Limited Liability Company, or Partnership, have all statutory prerequisites been satisfied in order to conduct business in Indiana? (If yes, attach a copy of corporate filings.**)

Yes No

**Any out-of-state company that wishes to do business in Indiana must register as a Foreign Corporation with Indiana Secretary of State. Please submit verifying documentation of your Foreign Corporation registration along with this application.

FIRM LIABILITY INSURANCE INFORMATION

Applicants must attach an original or notarized copy of their Certificate of Insurance.

Name of insurance provider

Telephone number of insurance provider (include area code)
()

Policy number

FIRM QUALIFIER EDUCATION INFORMATION

Applicants intending to use a college degree as qualification for licensure must submit an original academic transcript.

Name of college or university from which the degree was received

Year of graduation

Type of degree received

List any post-graduation degrees earned, if any, and any additional educational experience you have which you consider to better qualify you for purposes of this application.

List any national certifications or credentials you have obtained which you consider to better qualify you for purposes of this application.

FIRM QUALIFIER EMPLOYMENT EXPERIENCE INFORMATION

In addition to completing this section, applicants must also have the verification of experience form completed and submitted by their employer.

Name of present employer

Address of present employer (number and street, city, state, and ZIP code)

If unemployed, name of most recent employer

Address of most recent employer (number and street, city, state, and ZIP code)

Duties in present, or most recent, position

Have you ever been employed by a Licensed Private Investigator Firm or a Licensed Security Guard Agency in Indiana (previously called a Private Detective Agency License) or any similar license in any other state? (If yes, provide name of licensed firm(s), city and state of licensed firm(s), state(s) of firm licensure, firm license number(s) and dates of employment. Use a separate sheet of paper if more room is needed.) Yes No

Name of licensed firm or agency	City and state	State of licensure	Firm or agency license number	Date(s) of employment (month, day, year)
Name of licensed firm or agency	City and state	State of licensure	Firm or agency license number	Date(s) of employment (month, day, year)
Name of licensed firm or agency	City and state	State of licensure	Firm or agency license number	Date(s) of employment (month, day, year)

Have you ever been employed by a law enforcement agency in Indiana or any other state? (If yes, provide name of law enforcement agency, city and state, and dates of employment. Use a separate sheet of paper if more room is needed.) Yes No

Name of law enforcement agency	City and state	Date(s) of employment (month, day, year)
Name of law enforcement agency	City and state	Date(s) of employment (month, day, year)
Name of law enforcement agency	City and state	Date(s) of employment (month, day, year)

List your previous employment experience which you believe would qualify you as a qualifier for a Private Investigator Firm license.

**PRIVATE INVESTIGATOR FIRM
VERIFICATION OF EXPERIENCE**

Part of State Form 53325 (R6 / 2-17)
Approved by State Board of Accounts, 2017

**PRIVATE INVESTIGATOR AND SECURITY GUARD LICENSING BOARD
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis IN 46204-2700
Telephone: (317) 234-3022
E-mail: pla10@pla.in.gov
www.pla.in.gov

SECTION I: APPLICANT / FIRM QUALIFIER INFORMATION
(To be completed by the applicant.)

Name of applicant / firm qualifier <i>(last, first, middle, maiden or previous)</i>	
Name of employer	
Address of employer <i>(number and street, city, state, and ZIP code)</i>	
Telephone number of employer <i>(include area code)</i> ()	E-mail address of employer
Position of applicant / firm qualifier	Dates of employment <i>(month, day, year)</i> From _____ To _____
Duties of applicant / firm qualifier ----- -----	

SECTION II: APPLICANT / FIRM QUALIFIER EMPLOYMENT INFORMATION

(To be completed by the former or present employer of the applicant and submitted directly to the Indiana Professional Licensing Agency by the employer.)

Name of employer	License number of employer <i>(if applicable)</i>
Address of employer <i>(number and street, city, state, and ZIP code)</i>	
Name of person completing this form	Title of person completing this form
According to our records, _____, <input type="checkbox"/> is <input type="checkbox"/> was employed as an <input type="checkbox"/> Investigator <input type="checkbox"/> Security Guard <input type="checkbox"/> Other _____ from _____ (month, day, year) to _____ (month, day, year).	
Describe the approximate amount of time (in hours) the applicant was involved in each of the duties. ----- -----	
This company issues <input type="checkbox"/> W-2's <input type="checkbox"/> 1099's to employees.	

NOTARY CERTIFICATE

I, _____, having been duly sworn on oath, say that I am the above-named, that I have personally verified the applicant's experience and that it is true to the best of my knowledge and belief.		NOTARY SEAL
Signature of individual completing SECTION II of this form	Signature of Notary Public	
Printed or typed name of individual completing SECTION II of this form	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public <i>(month, day, year)</i>	County of residence	Date commission expires <i>(month, day, year)</i>

OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT

APPLICANTS WHO HAVE HELD ANY TYPE OF PROFESSIONAL LICENSE IN INDIANA, OR ANY OTHER STATE, WITHIN THE TEN (10) YEARS PRECEDING THE FILING OF THIS APPLICATION FOR LICENSURE MUST LIST THOSE LICENSES BELOW. FURTHER, APPLICANTS MUST REQUEST THAT THE STATE(S) WHERE LICENSES ARE OR HAVE BEEN HELD SUBMIT OFFICIAL LICENSE VERIFICATIONS DIRECTLY TO THE INDIANA PROFESSIONAL LICENSING AGENCY.

Do you now hold, or have you held, a license / certificate / registration / permit to practice or perform any regulated profession by a state licensing board? (Examples would include private investigator or security guard licenses in other states, real estate licenses, health-profession licenses, etc. This does not include liquor licenses, substitute teacher licenses or any other license that was not issued by a state regulatory licensing board or commission.)

Yes No (If yes, list all states below, including Indiana, in which you have held license / certification / registration / permit.)

TYPE OF LICENSE / CERTIFICATE / REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED (month, day, year)	LICENSE STATUS

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

- Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
 - have you ever been arrested; Yes No
 - have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; Yes No
 - have you ever been convicted of any offense, misdemeanor, or felony in any state; Yes No
 - have you ever pled guilty to any offense, misdemeanor, or felony in any state; or Yes No
 - have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state? Yes No
- Have you ever been denied a license, certification, registration or permit to practice private investigatory work or any other profession in this or any other state? Yes No
- Has any complaint been filed against you in the State of Indiana, or in any other state, regarding any professional license you currently hold or have previously held or have you practiced private investigatory work as defined by IC 25-30 without a license? Yes No
- Has disciplinary action ever been taken regarding any professional license, certification, registration, or permit that you currently hold or have previously held? Yes No

APPLICANT AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant	Date of signature (month, day, year)
------------------------	--------------------------------------

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request, and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Professional Licensing Agency, or the Private Investigator and Security Guard Licensing Board, any files, documents, records or other information pertaining to the undersigned requested by the agency or board, or any of their authorized representatives, in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Indiana Professional Licensing Agency, or the Private Investigator and Security Guard Licensing Board, to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information, which is material to my application, and I hereby specifically release the agency and the board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Date of signature (month, day, year)
------------------------	--------------------------------------