

Business Request Form — Private Investigators and Private Guards

Legal Name of Licensee (as shown on license): _____		Date of Birth: (yyyy/mm/dd) _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	License # _____
Name of Business: _____		Date of Request: _____		
Request	Reason	Supporting Documentation Required		
Authorization for License Endorsement: <input type="checkbox"/> Restraining Device (Handcuffs) <input type="checkbox"/> Baton Type: _____ <input type="checkbox"/> Uniform Exemption (Retail only)		Proof of training required in the use of baton (type) and/or handcuffs (metal only)		
Upgrade to current license (type): (Applicable fee required) <input type="checkbox"/> Private Guard <input type="checkbox"/> Private Investigator		Details of experience, training received, or to be provided, must support request for private investigator upgrades		
Replacement of current valid (lost / stolen) (NO FEE Required) License type: _____ (security, PI, armed guard)		Date license was lost or stolen: _____ Date reported to Company: _____ Was it reported to a police agency? _____ Date reported: _____		
Declaration By signing this form: <ul style="list-style-type: none"> • I understand I cannot provide private guard, armed guard, or private investigator services without being in possession of my license. • I understand that I cannot carry a baton or restraining device, or use a guard dog until the endorsement is stated on my license and I am in possession of the license. • I understand that I cannot work as a private guard in a retail environment without a uniform until a uniform exemption is stated on my license and I am in possession of the license. • I understand that if I am requesting an upgrade to my license to perform either private guard or private investigator services, I cannot provide the upgraded service until the request is approved and I am in possession of the upgraded license. • I agree that I will return my old license to my employer or the Security Programs Office within 10 days of receiving my new license. • I agree that if my lost or stolen license is located I will immediately return it to my employer or the Security Programs Office. 				
Signature of Licensee: _____		Print name: _____		
Date of signature: _____				
Approval & Signature of Authorized Business Representative: _____		Print name: _____		
Title: _____		Date of signature: _____		
Please note: -All relevant fields must be completed. -If required supporting documentation is not attached, the form will be returned as incomplete.				
OFFICE USE ONLY:				
Security Programs Operations Coordinator Signature: _____		Date: _____		