

AGENCY APPLICATION CHECKLIST

Before submitting your application, please make sure you have completed the below checklist. If you do not prepare the packet in detail and as requested, it will be returned to you. **Please call the board office to find out the deadline for submitting your application for board approval.**

- Completed the board approved 40 hour course and received written notification of passing the exam. **If you are exempt from the course, you must have taken and passed the exam before submitting this application as required by, R.S. 37:3509**
- Agency application (two pages) must be completely filled out and notarized.
- Individual application (three pages) must be completely filled out and notarized. **Please make sure you sign your name between the lines on page three.**
- 15 questions regarding experience must be completed in detail and notarized as required by, R.S. 37:3507 (c).
- Copy of your current driver's license.
- 4 X 6 or 5 X 7 color photograph. **Passport photos are not acceptable.** *If you are currently licensed as a Louisiana Investigator, you will not need to submit a new photo.*
- Completely fill out two state police forms and two fingerprint cards. You must have your fingerprints printed on the enclosed cards. **If you choose to submit your application in person to the board office to speed up the background check process, the fingerprint cards MUST be printed at your local law enforcement agency before coming to our office.** *If you are currently licensed as a Louisiana investigator, you will not need to submit the state police forms and fingerprint cards.*
- A current copy of your Occupation License must be submitted from the parish where your agency will be domiciled. (Out of state companies will not have an occupational license)
- If your Agency is either Incorporated or a LLC, you will need to provide current filing paperwork (Certificate of Good Standing and Listing of Corporate Officers/Members), from the Louisiana Secretary of State/Corporations Division, as required by R.S.37:3507 (c).
- Out of state corporations must register with the Secretary of State of Louisiana/Corporations Division, as a "foreign Corporation". You will need to submit a certified valid Certificate of Authority with your application. Out of state companies that are a sole proprietor, will need to provide an Agent for service of process as required by, LSA-R.S. 12:301 et. Seq.
- An Affidavit from all previous employers regarding investigative experience. **This applies to ALL applicants. (Law enforcement, currently licensed investigators, etc.)** The qualifying agent must submit an affidavit stating that they meet the requirements of L.A.C. 46:301 (G) which states that a qualifying agent is a responsible officer or executive employee of an investigative company (state name of company) and intends to maintain and does maintain a supervisory position on a regular, full time basis.
- Fee – The agency application fee is \$339.25. **Payment must be in the form of a money order or business/personal check. We do not accept cash or credit cards.** *If you are currently a Louisiana licensed investigator, please contact the board office to inquire about total fees. These fees are non-refundable.*

The board office only accepts applications (hand delivered) between the hours of 8:00am – 10:30am & 12:30pm – 2:00pm, Monday through Thursday. We do NOT accept hand delivered applications on Friday. The board office does not accept cash or credit cards.

JOHN BEL EDWARDS
GOVERNOR



State of Louisiana
Board of Private Investigator Examiners

LANCE WALLACE
WALTER T. ASMUSSEN
KENNETH LANDRY
MARCAL POUILLARD
ANNETTE KOVAC
JONATHAN MITCHELL
PAUL DUGAS
PAT ENGLADE
EXECUTIVE DIRECTOR

APPLICATION PACKAGE

AGENCY

Dear Sir or Madam:

I am enclosing the requested application packet for private investigator licensing as required by **LA. R.S. 37:3500-3525**.

Please read the all information carefully and complete the entire application by either typing or printing the information when answering all of the questions. When sending in your application, you must send everything that is required in the instruction sheets in order for your application to be processed. If not complete, the application will not be accepted or processed and your entire packet will be returned to you for further completion. Once an application is accepted, there will be no refund of fees per **LA. R.S. 37:3516(A)**.

The Board staff will be happy to answer any questions you may have concerning the application. I suggest that you contact the Board office at (225) 763-3556 or (800) 299-9696.

The Board encourages you to attend all meetings of the Board as time permits. We appreciate your interest.

Sincerely,

Pat Englade
Executive Director

Private Investigator Agency Applicant

The licensing fees are \$339.25 and are non-refundable. Payment must be in the form of a money order or business/personal check. We do not accept cash or credit cards. In the event the Board declines/refuses to license you, no fees will be returned to you.

The agency application is a two page and a three page document. Both sections must be completed in detail and must be notarized. Do not leave any questions unanswered. Attached to the application is fifteen-question document. You must answer to all fifteen questions, in detail and must be notarized. It is an extremely helpful document and must be prepared carefully and fully.

The two State Police documents and the fingerprint cards must be returned in the application package. The fingerprinting should be performed by someone competent in the area of fingerprinting. If there are smudges and smears, the cards are likely to be rejected and your application process will be stalled. **Both cards must be properly filled out, providing all information on the cards.**

The required **COLOR** photograph must be clear and precise and must be a 4 X 6 or a 5 X 7 with a light colored background. **Passport photographs are not acceptable**. Copies are also not acceptable. **YOUR ENTIRE HEAD AND SHOULDERS MUST TO BE IN THE PHOTO.**

You must provide a clear and concise copy of your driver's license and you must provide a copy of an occupational license. (Out of State Companies will not have an occupational license)

LICENSING OF OUT-OF-STATE COMPANIES -

Companies wishing to do business in Louisiana must either incorporate here or be duly qualified to do business within this state with a valid certificate of authority issued by the secretary of state, and shall have an agent for service of process designated as required by law.

1. Out of state corporations must register with the Office of the Secretary of State of Louisiana, Corporations Division, as a "Foreign Corporation" per LSA-R.S. 12:301 et seq. Companies must also submit a certified valid Certificate of Authority issued by Secretary of State of Louisiana to the Louisiana State Board of Private Investigator Examiners.

Contact: State of Louisiana Secretary of State Corporations Division
P. O. Box 94125
Baton Rouge, LA 70804-9125
Phone: (225) 925-4704

2. Similarly, any individual, whether domiciled in this state or not, is subject to the same requirements established by the Department of Revenue and Taxation, pertaining to sales tax identification numbers, or Occupational License Taxes.

If you are applying to transfer from an APPRENTICE, an INDIVIDUAL, or a JOURNEYMAN level license to an AGENCY level license, you must provide affidavits regarding your experience from ALL previous employers, attesting to the fact that you gained investigative experience while working under their agency license. (Please contact the board office to inquire about the total fees.)

If you are claiming investigative experience as a result of working for a military, civilian police organization, please provide affidavits or letters from your supervisors that reflect your investigative experience.

After receiving your application, your finger prints will be sent to the State Police and the Federal Bureau of Investigation. When your application is scheduled to be presented to the Board for their consideration, you will be notified, in writing. You are not required to be in attendance at the Board meeting, but it is a very good idea to be at the meeting so that the Board can ask questions, if they desire and you may provide further information in support of your application.

Please call the Board office to find out the deadline for submitting your application for Board approval. The board office only accepts applications (hand delivered) between the hours of 8:00am – 10:30am & 12:30pm – 2:00pm, Monday through Thursday. **We do NOT accept hand delivered applications on Friday.**

**LOUISIANA STATE BOARD OF
PRIVATE INVESTIGATOR EXAMINERS**

DATE RECEIVED _____

DATE APPROVED _____

LICENSE NUMBER _____

**APPLICATION (AGENCY)
COMPANY, PARTNERSHIP OR CORPORATION**

Full Name of Company _____

Name of Applicant Representing Agency _____

Street Address of Main Office _____

Address of Branch Office(s) _____

Mailing Address _____

Telephone numbers _____ / _____ / _____

(Please note whether
office or home number) _____ / _____ / _____

_____ / _____ / _____

FAX _____ / _____ / _____

FAX _____ / _____ / _____

FAX _____ / _____ / _____

Date of Incorporation ____ / ____ / _____

Date of Partnership ____ / ____ / _____

State where Corporation is domiciled _____

State where Partnership was formed _____

Directors and officer of Corporation, or Partners in the Partnership _____

Chief Executive Officer _____

Mailing Address _____

City

State

Zip

Telephone _____ / _____ / _____

FAX _____ / _____ / _____

APPLICATION (AGENCY) continued

You must submit your Company, Partner or Corporation Application, a copy of the partnership Agreement and/or the Articles of Incorporation.

You must submit with your Company, Partnership or Corporation Application in the Personal History Application of the Managing Partner or the Chief Executive Officer of the Corporation.

The Company, Partnership or Corporation Application must be signed and notarized by the Managing Partner of the Partnership Agreement and/or by the Chief Executive Officer of the Corporation.

Managing Partner _____
Signature

Chief Executive Officer _____
Signature

Sworn and subscribed this _____ day of _____,
before _____, Notary Public, Parish/County of
State of _____.

Notary Seal _____
Notary Public

NOTICE: PLEASE WAIT TO SIGN UNTIL YOU ARE IN FRONT OF THE NOTARY. THEY HAVE TO WITNESS YOUR SIGNATURE.

PRIVATE INVESTIGATOR EXAMINERS APPLICATION				FOR BOARD USE ONLY			
Last Name			First Name	Middle Name			Date Received:
1. Agency Name				Date Approved:			
Agency Street Address				License Number:			
Agency Mailing Address				3. Social Security Number:			
City	State		Zip			4. Driver's License No. & State:	
2. Present Resident Address				5. Phone Numbers (Include Area Code):			
City	State		Zip			Residence #	
						Agency #	
Former Residence for Last 7 Years:							
From		To		Street and Number		City, State, Zip Code	
Month		Year					
Month		Year					
Month		Year					
Month		Year					
Description:							
Age	Sex	Height	Weight	Hair	Eyes	Build	Complexion
8. Date of Birth		9. Citizen of:			10. Place of Birth (City, State)		
11. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(ed) <input type="checkbox"/> Separated				Spouse's Name		Date and Place of Divorce or Separation	
12. Have you ever served in U. S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No				Branch of Service		Dates of Service	
13. Are you now a member of a Reserve or NG Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, state unit designation and address			
14. Have you ever been court martialled, fined, or disciplined under UCMJ or service regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No				If answer is yes, explain fully giving dates and location on a separate sheet.			
15. Have you ever been convicted in any jurisdiction of any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				If answer is yes, please furnish complete details concerning the conviction(s) on a separate page.			
16. Are you now or have you ever been a member of, or have you supported any movement, group or organization which advocates the overthrow of the government of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No				If answer is yes, please furnish complete details on a separate page.			
17. Have you ever been denied or refused a license? <input type="checkbox"/> Yes <input type="checkbox"/> No				If your answer is yes, please furnish complete details on a separate page.			
18. Have you ever been convicted of a crime involving moral turpitude? <input type="checkbox"/> Yes <input type="checkbox"/> No				If your answer is yes, please furnish complete details on a separate page.			

19. List below all of your work experience in the last 7 years. If more space is needed, use a separate sheet.

A. Date of Employment From: To:		Type of Business	Your Title and Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

B. Date of Employment From: To:		Type of Business	Your Title and Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

C. Date of Employment From: To:		Type of Business	Your Title and Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

20. Has your driver's license ever been suspended?
 Yes No

21. REFERENCES: List 3 persons, not employers or relatives, who have a knowledge of your character and ability.

Name	Address	Occupation	Years Known
A.			
B.			
C.			

YOUR EMAIL ADDRESS: _____

	Grade Completed	Date Last Attended	Did You Graduate?	Name/Location of School
Elementary	1 2 3 4 5 6 7 8			
High School	9 10 11 12			
College and Other Schools Attended				

NOTICE: PLEASE SIGN BETWEEN THE LINES USING BLACK INK. ALSO, PLEASE WAIT TO SIGN UNTIL YOU ARE IN FRONT OF THE NOTARY. THEY HAVE TO WITNESS YOUR SIGNATURE.

CERTIFICATE

I hereby certify that this application contains no willful misrepresentation or falsification, and that information given by me is true and complete to the best of my knowledge and belief.

I acknowledge that my signature below constitutes my consent for all information and references to be verified by the Board.

_____ Date

_____ Signature

Sworn to and Subscribed this _____ day of _____, before _____

Notary Public, Parish/County of _____ State of _____

_____ Notary Public

USE A SEPARATE SHEET FOR THE COPY OF YOUR DRIVER'S LICENSE

PRIVATE INVESTIGATOR AGENCY APPLICATION

VERY IMPORTANT

1. " Private investigation agency license" – issued to any person or entity, as defined in R.S. 37:3503(8), where the individual seeking license or the partner of the partnership or the principal corporate officer of the corporation seeking license (i) has at least three years within the last ten years either working as a private investigator or in an investigative capacity and (ii) satisfies all other requirements for licensing.
2. Do you have **THREE (3) years of full-time investigative experience** within the last ten years?

YES _____

NO _____

If you answered "NO", You do not qualify for an Agency License.

If you answered "YES", You must provide the following information.

Employment History For The Past Ten Years

NOTE: Please define in detail the duties you performed while doing this investigative work. Where you gained the experience, how you gained the experience, what you did to gain the experience, who were you employed by, were you specifically trained to perform investigations, if so when were you trained, how were you trained, etc.

Company / Agency: _____

Dates Of Employment: From (MM/YY) _____ To (MM/YY) _____

Position: _____

Contact Information: _____

Duties: Please check and answer All that are applicable.

<input type="checkbox"/> Surveillance <input type="checkbox"/> Locate witnesses <input type="checkbox"/> Interview witnesses <input type="checkbox"/> Witness statements <input type="checkbox"/> Managed others <input type="checkbox"/> Background checks	<input type="checkbox"/> Field notes, handwritten <input type="checkbox"/> Field notes, tape recorded <input type="checkbox"/> Testify in court, lay witness <input type="checkbox"/> Testify in court, expert witness <input type="checkbox"/> Supervised others <input type="checkbox"/> Domestic investigations	<input type="checkbox"/> Write reports of investigation <input type="checkbox"/> Statements of witnesses <input type="checkbox"/> Activities performed under direct supervision of agency <input type="checkbox"/> Activities performed as journeyman <input type="checkbox"/> Public records searches (if yes, answer # 6 below) <input type="checkbox"/> other specialty investigation:
How many hours per week? _____		How many hours per month? _____
What percentage of your total income was derived from the above activities? _____		
How many investigations did you work per week ? _____		How many investigations did you work per month ? _____
Testify as lay witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #4 below.		Testify as expert witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you done any witness interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #5 below.	Have you taken any statements of witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you written any investigative reports? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please answer #3 below.	

Company / Agency: _____

Dates Of Employment: From (MM/YY) _____ To (MM/YY) _____

Position: _____

Contact Information: _____

Duties: Please check and answer **ALL** that are applicable.

<input type="checkbox"/> Surveillance	<input type="checkbox"/> Field notes, handwritten	<input type="checkbox"/> Write reports of investigation
<input type="checkbox"/> Locate witnesses	<input type="checkbox"/> Field notes, tape recorded	<input type="checkbox"/> Statements of witnesses
<input type="checkbox"/> Interview witnesses	<input type="checkbox"/> Testify in court, lay witness	<input type="checkbox"/> Activities performed under direct supervision of agency
<input type="checkbox"/> Witness statements	<input type="checkbox"/> Testify in court, expert witness	<input type="checkbox"/> Activities performed as journeyman
<input type="checkbox"/> Managed others	<input type="checkbox"/> Supervised others	<input type="checkbox"/> Public records searches (if yes, answer # 6 below)
<input type="checkbox"/> Background checks	<input type="checkbox"/> Domestic investigations	<input type="checkbox"/> other specialty investigation:
How many hours per week? _____		How many hours per month? _____
What percentage of your total income was derived from the above activities?		
How many investigations did you work per week ? _____		How many investigations did you work per month ? _____
Testify as lay witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #4 below.		Testify as expert witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you done any witness interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #5 below.		Have you taken any statements of witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you written any investigative reports? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please answer #3 below.		

Company / Agency: _____

Dates Of Employment: From (MM/YY) _____ To (MM/YY) _____

Position: _____

Contact Information: _____

Duties: Please check and answer **ALL** that are applicable.

<input type="checkbox"/> Surveillance	<input type="checkbox"/> Field notes, handwritten	<input type="checkbox"/> Write reports of investigation
<input type="checkbox"/> Locate witnesses	<input type="checkbox"/> Field notes, tape recorded	<input type="checkbox"/> Statements of witnesses
<input type="checkbox"/> Interview witnesses	<input type="checkbox"/> Testify in court, lay witness	<input type="checkbox"/> Activities performed under direct supervision of agency
<input type="checkbox"/> Witness statements	<input type="checkbox"/> Testify in court, expert witness	<input type="checkbox"/> Activities performed as journeyman
<input type="checkbox"/> Managed others	<input type="checkbox"/> Supervised others	<input type="checkbox"/> Public records searches (if yes, answer # 6 below)
<input type="checkbox"/> Background checks	<input type="checkbox"/> Domestic investigations	<input type="checkbox"/> other specialty investigation:
How many hours per week? _____		How many hours per month? _____

What percentage of your total income was derived from the above activities?	
How many investigations did you work per week ?	How many investigations did you work per month ?
Testify as lay witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #4 below.	Testify as expert witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you done any witness interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #5 below.	Have you taken any statements of witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you written any investigative reports? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please answer #3 below.	

Company / Agency: _____

Dates Of Employment: From (MM/YY) _____ To (MM/YY) _____

Position: _____

Contact Information: _____

Duties: Please check and answer ALL that are applicable.

<input type="checkbox"/> Surveillance	<input type="checkbox"/> Field notes, handwritten	<input type="checkbox"/> Write reports of investigation
<input type="checkbox"/> Locate witnesses	<input type="checkbox"/> Field notes, tape recorded	<input type="checkbox"/> Statements of witnesses
<input type="checkbox"/> Interview witnesses	<input type="checkbox"/> Testify in court, lay witness	<input type="checkbox"/> Activities performed under direct supervision of agency
<input type="checkbox"/> Witness statements	<input type="checkbox"/> Testify in court, expert witness	<input type="checkbox"/> Activities performed as journeyman
<input type="checkbox"/> Managed others	<input type="checkbox"/> Supervised others	<input type="checkbox"/> Public records searches (if yes, answer # 6 below)
<input type="checkbox"/> Background checks	<input type="checkbox"/> Domestic investigations	<input type="checkbox"/> other specialty investigation:
How many hours per week? _____		How many hours per month? _____
What percentage of your total income was derived from the above activities?		
How many investigations did you work per week ?		How many investigations did you work per month ?
Testify as lay witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #4 below.		Testify as expert witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you done any witness interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #5 below.		Have you taken any statements of witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you written any investigative reports? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please answer #3 below.		

Company / Agency: _____

Dates Of Employment: From (MM/YY) _____ To (MM/YY) _____

Position: _____

Contact Information: _____

Duties: Please check and answer ALL that are applicable.

<input type="checkbox"/> Surveillance	<input type="checkbox"/> Field notes, handwritten	<input type="checkbox"/> Write reports of investigation
<input type="checkbox"/> Locate witnesses	<input type="checkbox"/> Field notes, tape recorded	<input type="checkbox"/> Statements of witnesses
<input type="checkbox"/> Interview witnesses	<input type="checkbox"/> Testify in court, lay witness	<input type="checkbox"/> Activities performed under direct supervision of agency

- 9. Did you perform these investigations under the direct supervision of another or as an independent contractor? Please explain your answer in detail.**
- 10. Did you manage / supervise other individuals / investigators involved in the conduct of investigative work, while performing the investigative activities as described in Question No. 2? If so please describe in detail as to how many individuals you supervised and in what capacity.**
- 11. What percentage of your TOTAL personal income was derived from performance of those specific investigative activities as described in Question No. 2?**
- 12. Have you attended professional seminars or training while performing the investigative activities as described in Question No. 2? If so please provide information as to any formal / classroom training you have received, when you attended, who conducted the training, etc.**
- 13. Have you been commissioned / licensed by another State Board, Agency or other entity while performing the investigative activities as described in Question No. 2? If so, please provide the names, addresses and contact information including telephone number, name of supervisor for the licensing authority.**

14. Have you had any formal training regarding the management / operation of an investigative agency, the management of a business? If so, please explain in detail.

15. If you are an INDIVIDUAL or JOURNEYMAN license holder and you are applying to transfer to an Agency license, please be sure to provide the names of all the agencies you have been employed with and / or worked for. In addition please provide "affidavits" from ALL previous investigative agencies / employers. The "Affidavits" shall reflect that you have worked for them, when you worked for each agency and what your investigative activities were. Please provide detailed information in the "affidavit".

You are applying for a private investigator agency license. Please sign this document before a notary public, stating that all of the information which you are providing to the LOUISIANA STATE BOARD OF PRIVATE INVESTIGATOR EXAMINERS is true and correct.

Applicant: _____

Sworn To and Subscribed This _____ Day of _____, _____.

Before _____, Notary Public, State of _____.

Notary Seal _____

Notary Public

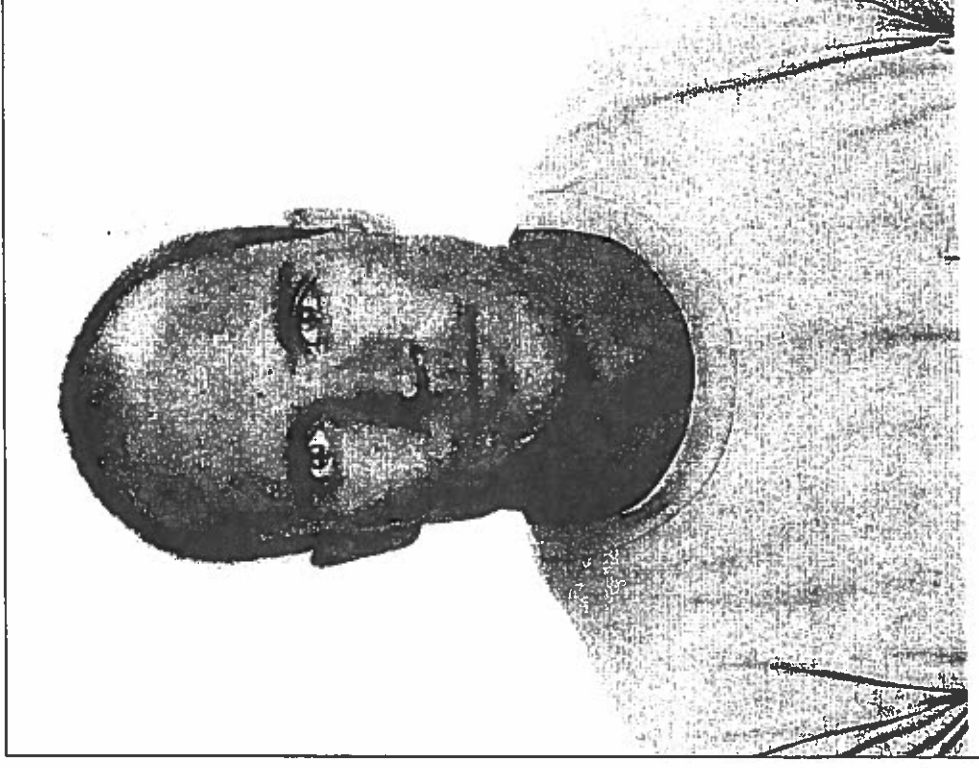
PHOTOGRAPH FOR YOUR IDENTIFICATION CARD

Please provide a photograph meeting the requirements below so that we may scan your picture into our computer to be used on your ID card. Please also print your name and social security number on the back of the picture.

- 4"x6" or 5"x7" glossy color photo
- **White background**
- **No passport photos may be used**
- No enlargements of passport photos
- No computer images or copies
- No photocopies
- No sunglasses or hats

Please know that the photo will remain in your file at the Board office. You will not receive the photo back.

***Please see the example on the right. Only photos resembling this example will be accepted. All others will be returned along with your application packet until a photo meeting these requirements is received.**



If your photo does not include your whole head and shoulders exactly like the above photo, your application will be returned.

Background Checks Can Come Back Faster

The below process, substantially decreases the amount of time in which we must wait for the applicants criminal background check to be completed. Currently, when the applicant submits their application to the Board office, we mail the state police forms and finger print cards to the State Police for a background check, it takes approximately ten to twelve weeks, if not longer before this process is completed, and the Board is allowed to issue the license (pending approval). If the applicant would like to take advantage of personally bringing their **completed** application to the board office in Baton Rouge, we will give them the proper paperwork to take to the State Police headquarters on Independence Boulevard in Baton Rouge. They will be able to have their fingerprints reprinted digitally and will result in the Board receiving their background check results within approximately five to ten business days. All business conducted by the State Police is contingent on their workload and the Louisiana State Board of Private Investigator Examiners has no control over that process.

1. To expedite the background process you must submit your complete application (all required documents), along with the required fees, including a set of printed fingerprint cards (2) to the board office. **(You must have already been printed on the provided fingerprint cards at your local law enforcement agency before you come to the board office.)** The office only accepts hand delivered applications **Monday – Thursday** between the hours of **8:00am – 10:30am & 12:30pm – 2:00pm** *by the applicant applying for the license.* We do **NOT** accept applications on Fridays. **Payment must be in the form of a money order or business/personal check. We do not accept cash or credit cards.**
2. The initial fee structure is as follows:
 - a. Agency-----\$339.25
 - b. Journeyman-----\$339.25
 - c. Individual-----\$189.25
 - d. Apprentice----\$189.25
 - e.
3. **If you choose to physically go to the State Police to have your prints scanned, you will be required to pay an extra \$10.00, (this must be a separate payment from the application fee).** Louisiana State Police accepts cashier's checks, **company checks, money orders or debit cards.** If you have no arrests on file, your background check from the State Police and the FBI should be reported back to the Board office within 5 to 10 business days instead of the normal 10 to 12 weeks.
4. **IMPORTANT !!!!!** If you make the decision to physically go to the State Police to have your prints scanned, **YOU MUST** first submit your completed application along with your printed fingerprint cards to the Board office first. **This process is not mandatory, it is a choice.** You can choose to mail your completed application (with all required documents and two printed fingerprint cards) to the board office.

FINGERPRINT CARDS

PLEASE PAY CLOSE ATTENTION TO THESE INSTRUCTIONS.

You must call the Board office at 225-763-3556 or 800-299-9696 to have fingerprint cards and the two State Police forms mailed to you. The background check fees are included in the application fee. Your application will not be accepted unless the cards and two forms are attached. Only the cards sent by us will be accepted by LSBPIE. The cards must be completed; please accurately submit all requested information to the board office. Please type or print clearly in black ink. Please completely fill out the State Police forms (form DPSSP 6696 and LSPAPP3/R09.10), as this will slow the application process if not done.

FRONT OF CARD

- You must *legibly* sign the card.
- You must give your residence physical address, not a Post Office box.
- The date you were fingerprinted must be recorded.
- The person who fingerprinted you must *legibly* sign the card under "official taking fingerprints".
- Your employer and the address of YOUR employer must be recorded.
- Our office will complete the box titled "reason fingerprinted". *Please do not write in this box.*
- Type or print your name in the block provided at the center top of card.
- If you have ever used an alias or any other name, provide that information.
- The country of which you are a citizen must be provided.
- Please leave the next 3 boxes blank (OCA#, FBI#, and MNU#).
- Your social security number must be provided.
- Leave blank the MNU.
- The ORI is already given. Please do not write in this box.
- Your date of birth must be provided.
- Your sex, race, height, weight, eyes and hair color must be provided.
- Your place of birth must be provided.

ADDITIONAL FORMS

- On form No. DPSSP 6696, please fill in all spaces in the bottom section of the page.
- On form No. LSPAPP3/R09.10, please fill in your name, date of birth, race/sex, and social security number.

IMPORTANT

The person fingerprinting you **MUST** personally view your driver's license. If you do not provide **ALL information on both cards and both forms**, your application package will be returned to you. This will delay your licensing process.

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$14.75 FEE. NOTE: Effective 10/01/2016, the FBI Fee will be \$12

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY
****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION****

****PLEASE PRINT****

Louisiana State Board of Private Investigator Examiners
AGENCY, FACILITY OR INDIVIDUAL

Gracie Smith
AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

7414 Perkins Rd., Suite 120
MAILING ADDRESS

Gracie Smith
SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Baton Rouge, LA 70808
CITY STATE ZIP CODE

(225) 763-3556
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER
info@lsbpie.com
AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL BEVERAGE OUTLET
BEHAVIOR ANALYST BOARD
BOARD OF EXAMINERS (PSYCHOLOGIST)
BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH & AUDIO.)
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE / WORKING WITH CHILDREN
DENTISTRY BOARD
DEPT. OF AGRICULTURE AND FORESTRY
DEPT. HEALTH AND HOSPITALS
DEPT. OF INSURANCE - FRAUD DIVISION
DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
DRUG AND DEVICE DISTRIBUTORS
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
GESTATIONAL CONTRACTS
HEALTH CARE PROVIDER (Non Licensed)
JUVENILE DETENTION CENTER
LA BOARD CHIROPRACTIC EXAMINERS
LA PHYSICAL THERAPY BOARD
LA STATE BOARD SOCIAL WORK EXAMINERS
LICENSED PROFESSIONAL COUNSELORS
MEDICAL EXAMINERS
OFFICE OF FINANCIAL INSTITUTIONS
OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
OMVE - EMPLOYEE ISSUING COMMERCIAL DL
OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
PHARMACY BOARD
POST SECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
REGISTERED NURSING
RELIGIOUS ACTIVISTS
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
VOLUNTEER LOUISIANA COMMISSION
WORKING WITH CHILDREN

APPLICANTS FULL NAME:
****PRINT - USE INK****
LAST FIRST MIDDLE
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE:

APPLICANTS SOCIAL SECURITY # DATE OF BIRTH: / /

ID or DRIVERS LICENSE # & STATE RACE SEX

POSITION OR LICENSE APPLIED FOR

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

ATN and SID# FOR OFFICIAL USE ONLY

ATN# _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

LSPAPP3/R09.10

L. S. B. P. I. E.
AGENCY, BUSINESS OR INDIVIDUAL NAME

7414 Perkins Rd., Suite 120
MAILING ADDRESS

Baton Rouge, LA 70808
CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSONS SIGNATURE
INCOMPLETE FORMS WILL NOT BE
PROCESSED

NAME

____/____/____
DATE OF BIRTH

____/
RACE/SEX

____-____-____
SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT AREQUEST.

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW