

ATTENTION

INDIVIDUAL 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.

- Completed the board approved 40 hour course and passed the exam. **If you are exempt from the course, you must have taken and passed the exam before submitting this application.**
- Individual application (three pages) must be completely filled out and notarized. **Please make sure you sign your name between the lines on page three.**
- Sponsor form filled out and signed by sponsoring Agency holder.
- 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 and are getting an additional license, you will not need to submit the state police forms and fingerprint cards.*
- Fee – The Individual application fee is \$190.75. **Payment must be in the form of a money order or business/personal check. We do not accept cash.** *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.

BOBBY JINDAL
GOVERNOR



State of Louisiana
Board of Private Investigator Examiners

LANCE WALLACE
BRUCE CHILDERS
KENNITH LANDRY
MARIA DUGAS
ANNETTE KOVAC
GLEN PETERSEN
PAT ENGLADE
EXECUTIVE DIRECTOR

APPLICATION PACKAGE

INDIVIDUAL

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 all information carefully and complete the entire application by either typing or printing the information when answering all 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 that 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,

A handwritten signature in cursive script that reads "Pat Englade".

Pat Englade
Executive Director

Private Investigator Individual Applicant

You have been provided an application so that you may apply for a private investigator Individual level license. You must complete the entire application, being extremely detailed when providing information.

The application is a three page document. It must be completed in detail and must be notarized. Do not leave any questions unanswered.

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. Also, 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. Passport photographs are not acceptable as well as digital photographs. Reproductions and copies are also not acceptable. **YOUR PHOTO MUST LOOK EXACTLY LIKE THE EXAMPLE IN THE BACK OF THIS PACKET.**

The State Police documents and the fingerprint cards must be returned in the application package. You must provide a clear and concise copy of your driver's license.

The licensing fees are \$190.75 and are non-refundable. **Payment must be in the form of a money order or business/personal check. We do not accept cash.** In the event the Board declines/refuses to license you, no fees will be returned to you. After receiving your application, your finger prints will be sent to the State Police and the Federal Bureau of Investigation.

If you do not prepare the application in detail and as requested, it will be returned to you, thus stalling your application process.

PRIVATE INVESTIGATOR EXAMINERS APPLICATION				FOR BOARD USE ONLY			
Last Name		First Name		Middle Name		Date Received: Date Approved: License Number:	
1. Agency Name							
Agency Street Address							
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							
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 ___ Single ___ Married ___ Divorced ___ Widow(ed) ___ Separated				Spouse's Name		Date and Place of Divorce or Separation	
12. Have you ever served in U. S. Armed Forces? ___ Yes ___ No				Branch of Service		Dates of Service	
13. Are you now a member of a Reserve or NG Organization? ___ Yes ___ No				If Yes, state unit designation and address			
14. Have you ever been court martialled, fined, or disciplined under UCMJ or service regulations? ___ Yes ___ 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? ___ Yes ___ No				If answer is yes, please furnish complete details concerning the 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? ___ Yes ___ No				If answer is yes, please furnish complete details on a separate page.			
17. Have you ever been denied or refused a license? ___ Yes ___ 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? ___ Yes ___ 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

LOUISIANA STATE BOARD
PRIVATE INVESTIGATOR EXAMINERS
7414 PERKINS ROAD, SUITE 120
BATON ROUGE, LA 70808

PHONE (225) 763-3556

FAX (225) 763-3536

SPONSOR FORM

DATE: _____

SPONSORING AGENCY NAME: _____

AGENCY MAILING ADDRESS: _____

(city)

(state)

(zip)

AGENCY PHONE # (_____) _____

Please print the following:

I agree to sponsor _____
(name of applicant or investigator)

in the capacity indicated below:

() Licensed Investigator

() Apprentice

Agency Owner/Manager:

(Print name)

(Signature)

Owner/Manager's LA Private Investigator License Number

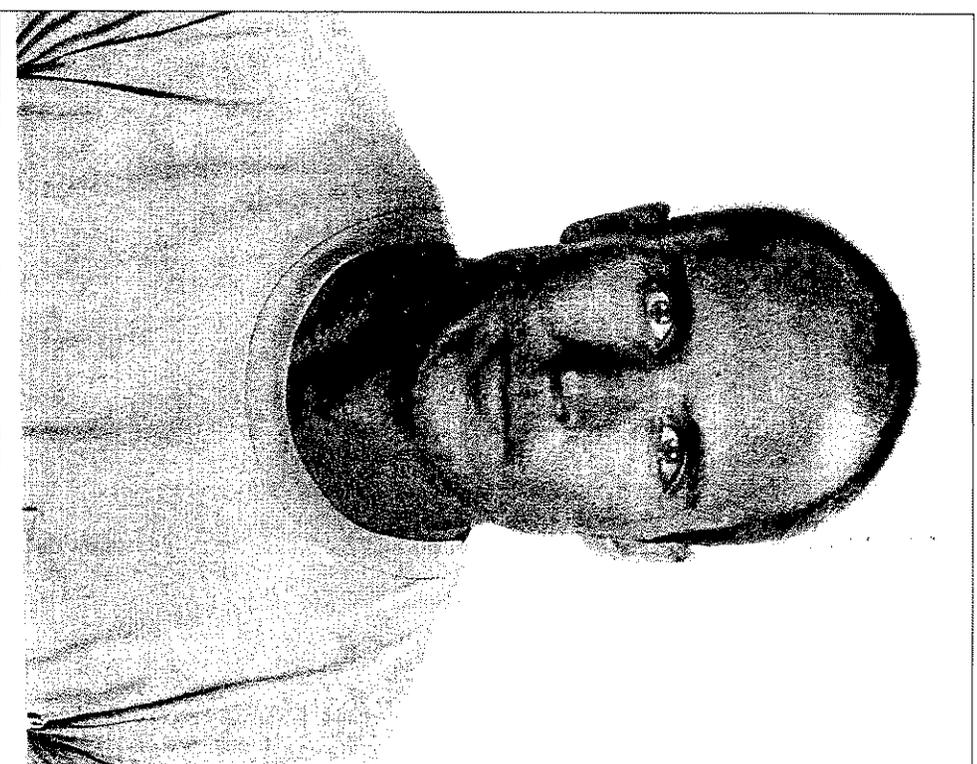
PHOTOGRAPH FOR YOUR IDENTIFICATION CARD

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. Submit your application to the Board office – it must be hand delivered to the office **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.**
2. Submit **all** required documents within the application, along with the required fees, including a set of printed fingerprint cards (2), **(you must have already been printed on the provided fingerprint cards at your local law enforcement agency before you come to the board office.)**
3. The initial fee structure is as follows:
 - a. Agency-----\$340.75
 - b. Journeyman-----\$340.75
 - c. Individual-----\$190.75
 - d. Apprentice----\$190.75
4. **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) payable by cashiers check, company check or money order, to the Louisiana State Police.** 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.
5. It is **not mandatory** that you physically go to the State Police, it is **a choice**. You can still do the entire application process as has been done in the past and wait ten to twelve weeks for a criminal history check.
6. **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. (refer to number (2) two)

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 \$16.50 FEE. NOTE: Effective 02/01/2015, the FBI Fee will be \$14.75

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name, Money Order or Credit Card

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****

LA STATE BOARD OF PRIVATE INVESTIGATOR
AGENCY, FACILITY OR INDIVIDUAL
EXAMINERS

Gracie Smith

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

7414 Perkins Rd., Ste. 120
MAILING ADDRESS

Gracie Smith (handwritten signature)

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Baton Rouge, LA 70808
CITY STATE ZIP CODE

(225) 763-3556
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

info@lsbnie.com
AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL AND BEVERAGE COMMISSION
ALCOHOL BEVERAGE OUTLET
BEHAVIOR ANALYST BOARD
BOARD OF EXAMINERS OF PSYCHOLOGIST
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE
DENTISTRY BOARD
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
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
RIGHT TO REVIEW
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
USED MOTOR VEHICLE COMMISSION
VOLUNTEER LOUISIANA COMMISSION
WHOLESALE DRUG DISTRIBUTORS
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