

## JOURNEYMAN APPLICATION CHECKLIST

- A Journeyman license holder shall only provide investigative services to agencies licensed under the Louisiana State Board of Private Investigative Examiners.
- The Journeyman shall not provide direct investigative services to the general public, private businesses or government agencies.

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. **Average processing time for applications mailed into the board office is 2-3 months. You may not work as a Journeyman until your journeyman private investigator license number has been issued.**

- 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.**
- Journeyman application (three pages) must be completely filled out and last page notarized. **Please make sure you sign your name between the lines on page three.**
- Affidavit must be filled out and notarized.
- Copy of your current driver's license.
- 4 X 6 or 5 X 7 color photograph with light colored background. **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 in Louisiana as an individual and are getting a journeyman license, you will not need to submit the state police forms and fingerprint cards.*
- Fee – The Journeyman application fee is \$338.00. **Payment must be in the form of a money order or business/personal check. We do not accept cash or credit card.** *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  
BRUCE CHILDERS  
KENNITH LANDRY  
MARIA DUGAS  
ANNETTE KOVAC  
GLEN PETERSEN  
JOHNNY MORSE  
PAT ENGLADE  
EXECUTIVE DIRECTOR

**APPLICATION PACKAGE**

**JOURNEYMAN**

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,

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

Pat Englade  
Executive Director

## **Private Investigator Journeyman Applicant**

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

The journeyman application is a three page document and affidavit. Both sections 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. 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 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 \$338.00 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.**

If you are currently licensed as an INDIVIDUAL private investigator and are applying for a JOURNEYMAN level license, the fee is \$300.00.

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.**

JOURNEYMAN LICENSE APPLICATION						FOR BOARD USE ONLY	
Last Name			First Name		Middle Name	Date Received:	
1. Present Resident Address							
City		State		Zip		Date Approved:	
2. Mailing Address							
City		State		Zip		License Number:	
3. Social Security No.:							
4. Drivers License No. & State:							
5. Phone Numbers (Include Area Code):							
Residence #							
<b>Former Residence for Last 7 Years:</b>							
From		To		Street and Number		City, State, Zip Code	
Month							
Year							
Month							
Year							
Month							
Year							
<b>Description:</b>							
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 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 or 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 or 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 or Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

20. Has your operator'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 and 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 SEPERATE SHEET FOR THE COPY OF YOUR DRIVER'S LICENSE.

# AFFIDAVIT OF JOURNEYMAN

BEFORE ME, the undersigned Notary, personally came and appeared,

\_\_\_\_\_  
(Affiant's name)

who after being properly identified and sworn did depose and say:

I, \_\_\_\_\_, do hereby swear, certify, and affirm that I  
(Affiant's name)  
have read the rules and regulations for Licensing of Journeyman found at LAC  
46:LVII.510 and I understand that:

1. A Private Investigator Journeyman License Holder shall only provide investigative services to agencies licensed under the Louisiana State Board of Private Investigator Examiners.
2. A Private Investigator Journeyman License Holder shall not provide direct investigative services to the general public, private businesses or government agencies.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Printed Name of Affiant)

SWORN TO AND SUBSCRIBED before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, in the Parish of \_\_\_\_\_, State of Louisiana.

\_\_\_\_\_  
(Signature of Notary Public)

Printed Name  
of Notary Public:

Notary No.

Date commission expires:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notary  
Seal

## **Journeyman license**

**Journeyman license definition:** An individual license authorizing the individual to provide contract private investigator services to any agency licensed by the Louisiana State Board of Private Investigator Examiners.

**Journeyman license qualifications:** A journeyman applicant shall meet the same qualifications as an individual license holder and shall have successfully completed the forty hour basic private investigators course and subsequent examination.

**Journeyman license standards:** Journeyman license holders shall maintain a job log concerning each investigation they perform. The job log shall contain the following items:

1. Name of managing agency.
2. Reference.
3. Dates investigations were performed.
4. Total number of hours worked during the investigation.

**Journeyman license application:** The Journeyman license applicant is required to submit an affidavit acknowledging and accepting the Journeyman's license limitations. Those limitations include the following:

1. A Journeyman license holder shall only provide investigative services to agencies licensed under the Louisiana State Board of Private Investigative Examiners.
2. The Journeyman shall not provide direct investigative services to the general public, private businesses or government agencies.

**Journeyman management:** Each agency employing the services of a Journeyman shall supervise the activities of the journeyman in the same manner they would an apprentice or individual license holder.

Each agency employing the services for a journeyman shall also maintain and provide upon request of the Journeyman or Board, the total number of hours a journeyman worked each year.

**Agency licensing for Journeyman:** In order to transfer from a Journeyman license holder to an agency, the Journeyman shall prove their qualifications by providing documentation that clearly demonstrates their experience as a private investigator. This experience must demonstrate at least three years of full time employment as a licensed private investigator.

**Journeyman fees:** Fees for a journeyman license shall be equivalent to the fees for an agency license.

**Journeyman identification card:** The identification card of a journeyman shall have the words "Not an Agency" printed on the face of the card.





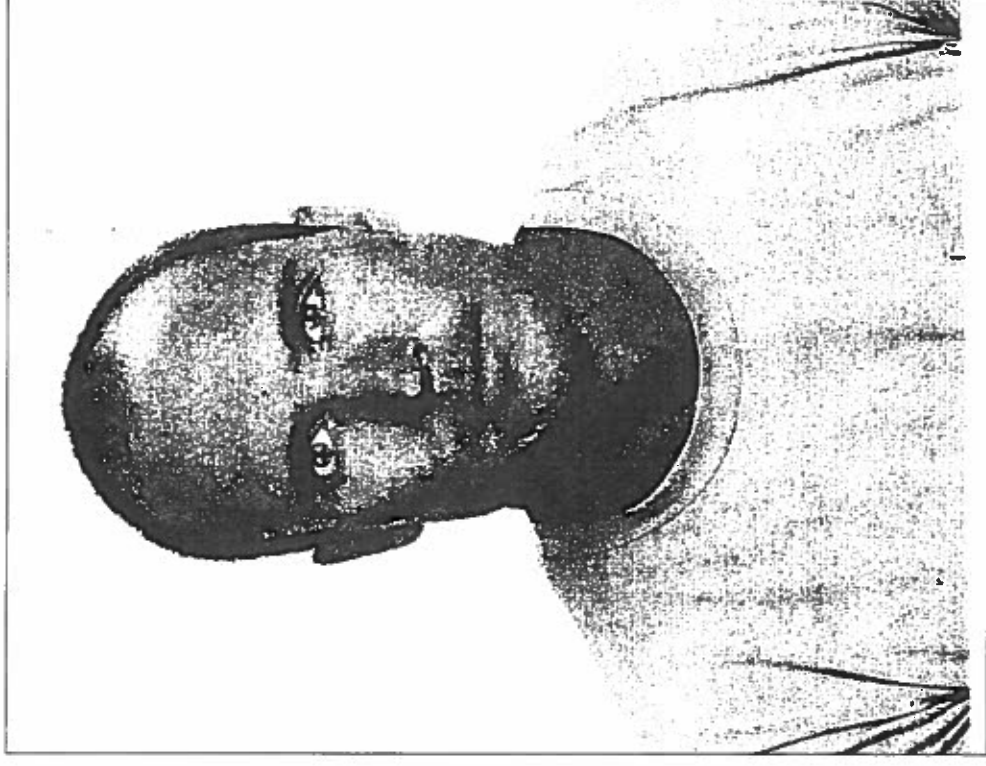
## PHOTOGRAPH FOR YOUR IDENTIFICATION CARD

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.**

# 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.

# 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-----\$338.00
  - b. Journeyman-----\$338.00
  - c. Individual-----\$188.00
  - d. Apprentice-----\$188.00
  - 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.

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: LAST FIRST MIDDLE
\*\*\*\*PRINT - USE INK\*\*\*\*
{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