

BOBBY JINDAL  
GOVERNOR



**State of Louisiana**  
**Board of Private Investigator Examiners**

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

TO CHANGE:     **AGENCY NAME**     \_\_\_\_\_

**AGENCY ADDRESS**    \_\_\_\_\_

**ENCLOSE THE FOLLOWING DOCUMENTS AND/OR INFORMATION & RETURN:**

NEEDED	ITEM OR INFORMATION
	Agency application showing new name and/or new address.
	Copy of new Occupational License showing new Agency name and address.
	For each investigator under the agency, complete items 1-5 of page 1 of Personal information/application. For additional investigators, this page may be photocopied.
	<b>FEES</b> <b>Agency name change</b> - \$30.00 for each person licensed under the agency. (Agency holder plus any additional individual/apprentice licensed under the agency.) <b>Agency address change (city stays the same)</b> - \$30.00 <b>Agency address change (different city)</b> - \$30.00 for each person licensed under the agency. (Agency holder plus any additional individual/apprentice licensed under the agency.)  Return old certificates and old cards to Board office, when new credentials arrive.

**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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 #