

**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			EXAMINER 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 #