

**LOUISIANA STATE BOARD OF  
PRIVATE INVESTIGATOR EXAMINERS  
7414 PERKINS ROAD, SUITE 120  
BATON ROUGE, LOUISIANA 70808  
TELEPHONE (225) 763-3556**

**DATE:** \_\_\_\_\_

**Re: INVESTIGATOR NAMED BELOW**

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**LICENSE#** \_\_\_\_\_

**NOTICE OF CHANGE: INVESTIGATOR RE-HIRED**  
**Please print.**

As of \_\_\_\_\_, 20\_\_, Investigator \_\_\_\_\_  
has been re-hired and is now employed with \_\_\_\_\_,  
a duly licensed Louisiana State Private Investigative Agency.

I understand a new License (certificate) and Registration Card will be issued our agency. Upon receipt of the new License and Registration Card, I acknowledge that under penalty of Law, \_\_\_\_\_ Private Investigator, is to immediately surrender the invalid License/Certificate and the Registration Card.

Signed by: \_\_\_\_\_ Private Investigator: \_\_\_\_\_  
(Agency owner/manager) (Signature)

Agency Holder's License #: \_\_\_\_\_

Agency Name: \_\_\_\_\_

**The employer of a Private Investigator shall submit this form and the transfer fee within 72 hours of employment. Failure to comply may result in assessment of a fine.**