

BOBBY JINDAL
GOVERNOR



State of Louisiana
Board of Private Investigator Examiners

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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 black ink, appearing to read "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. 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 \$345.25 and are non-refundable.

If you are currently licensed as an INDIVIDUAL private investigator and are applying for a JOURNEYMAN level license, the fee is \$300.00. **The old individual license number is not transferable. You will be issued a new license number and new expiration date.**

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

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.

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

PHOTOGRAPH FOR YOUR IDENTIFICATION CARD

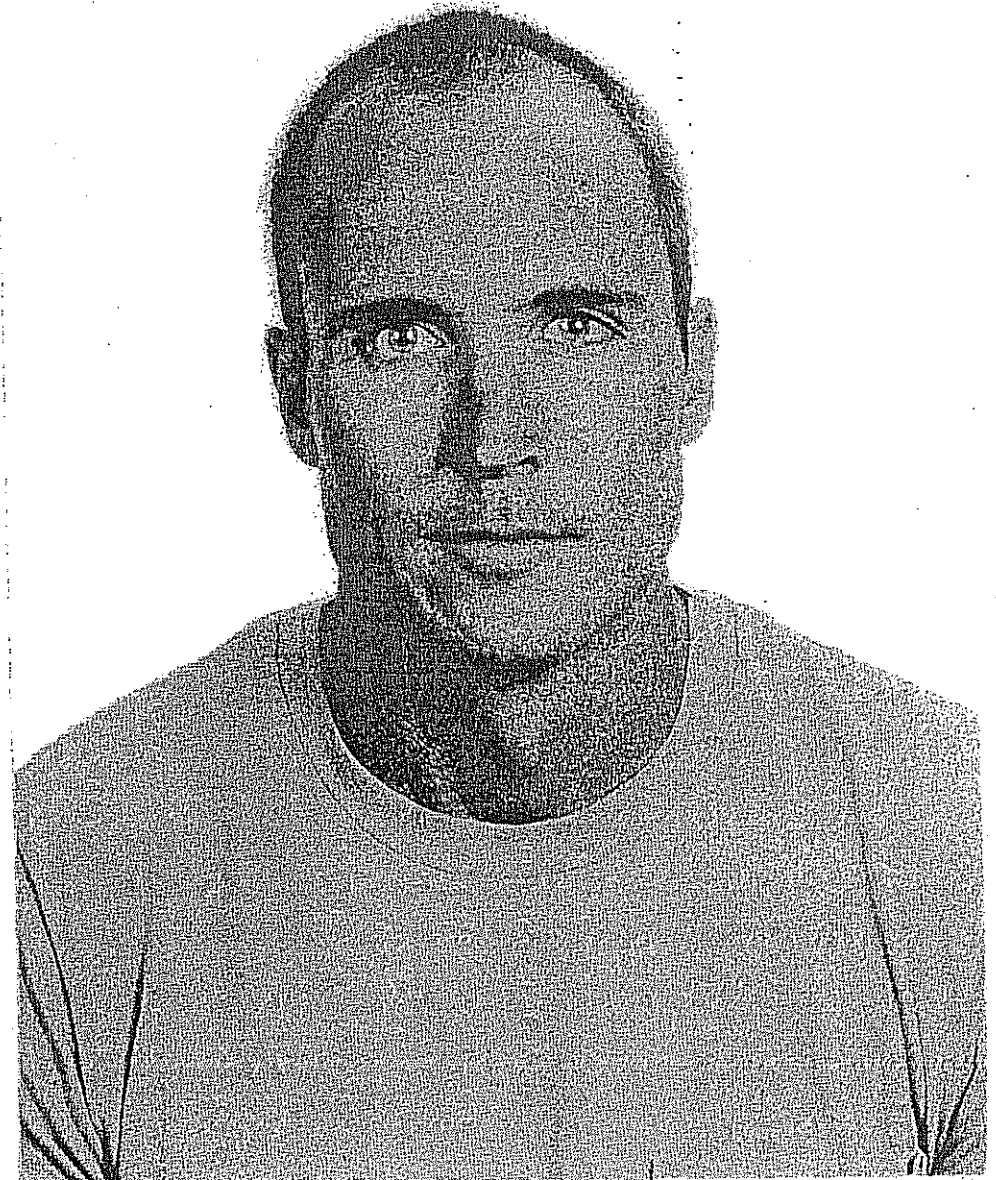
Please provide a photograph meeting the requirements below so that we may scan your picture into our computer to be used on your ID card. Please also print your name and social security number on the back of the picture.

- 5" x 7" glossy color photo
- White background
- No passport photos may be used
- No enlargements of passport photos
- No digital or Polaroid 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 LOOK **EXACTLY** LIKE THE PHOTO BELOW, YOUR APPLICATION WILL BE SENT BACK TO YOU.



FINGERPRINT CARDS

PLEASE PAY CLOSE ATTENTION TO THESE INSTRUCTIONS.

You are provided two (2) fingerprint cards from the FBI. Only these cards may be accepted with applications by LSBPIE. Each card must be completed; please accurately submit all requested information. Please type or print clearly in black ink. Please completely fill out the two attached forms (form LSPAPP1/R8.03 and LSPAPP5/R8.03), as this will slow the application process if not done.

FRONT OF CARD

1. You must *legibly* sign the card.
2. You must give your residence physical address, not a Post Office box.
3. The date you were fingerprinted must be recorded.
4. The person who fingerprinted you must *legibly* sign the card under "official taking fingerprints".
5. Your employer and the address of YOUR employer must be recorded.
6. Our office will complete the box titled "reason fingerprinted". *Please do not write in this box.*
7. Type or print your name in the block provided at the center top of card.
8. If you have ever used an alias or any other name, provide that information.
9. The country of which you are a citizen must be provided.
10. Please leave the next 3 boxes blank. (OCA #, FBI #, & MNU #)
11. Your social security number must be provided.
12. Leave blank the MNU.
13. The ORI is already given. Please do not write in this box.
14. Your date of birth must be provided.
15. Your sex, race, height, weight, eyes and hair color must be provided.
16. Your place of birth must be provided.

ADDITIONAL FORMS

1. On form No. LSPAPP1/R8.03, please fill in all spaces in the bottom section of the page.
2. On form No. LSPAPP5/R8.03, 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 attached forms (LSPAPP1/R8.03 AND LSPAPP5/R8.03), 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 \$19.25 FEE.

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 EXAMINERS		Gracie Smith
FACILITY OR AGENCY MAILING ADDRESS		FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE
2051 Silverside Drive, Suite 190		<i>Gracie Smith</i>
Baton Rouge, LA 70808		SIGNATURE OF AUTHORIZED REPRESENTATIVE
CITY	STATE	ZIP CODE
		(225) 763-3556
		FACILITY OR AGENCY PHONE NUMBER
		info@lsbie.com
		FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|--|---|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH |
| <input type="checkbox"/> CASA | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> CONCEALED HANDGUNS | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DEPARTMENT OF LABOR | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> GAMING | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> HEALTH CARE PROVIDER | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS |
| <input type="checkbox"/> MANUFACTURED HOUSING | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> MEDICAL EXAMINERS | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> OCS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> VENDOR |
| <input type="checkbox"/> OCS CARETAKER | <input type="checkbox"/> VOLUNTEERS W/YOUTH SERVING ORG |
| <input type="checkbox"/> OCS FOSTER/ADOPTIVE | <input type="checkbox"/> WORKING WITH CHILDREN |
| <input type="checkbox"/> OCS PERSONNEL | <input type="checkbox"/> AUTHORIZED AGENCY |

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: _ / _ / _

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.

**APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION**

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

LSPAPP5/R10.03

LA State Board of Private Investigator
AGENCY
Examiners

NOTICE:
PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSONS SIGNATURE.
INCOMPLETE FORMS WILL NOT BE
PROCESSED.

2051 Silverside Drive Ste. 190
MAILING ADDRESS

Baton Rouge, LA 70808
CITY STATE ZIP CODE

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 A
REQUEST.**

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 conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW

JOURNEYMAN LICENSE APPLICATION				FOR BOARD USE ONLY			
Last Name First Name Middle Name			Date Received: Date Approved: License Number:				
1. Present Resident Address							
City State Zip							
2. Mailing Address			Date Received: Date Approved: License Number:				
City State Zip							
3. Social Security No.:							
4. Drivers License No. & State:							
5. Phone Numbers (Include Area Code): Residence #							
Former Residence for Last 7 Years:							
From		To		Street and Number		City, State, Zip Code	
Month Year							
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 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 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 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.