

## AGENCY APPLICATION CHECKLIST

Before submitting your application, please make sure you have completed the checklist below. If you do not prepare the packet in detail and as requested, it will be returned to you. **Please call the board office to find out the deadline for submitting your application for board approval.**

- 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 as required by, R.S. 37:3509**
- Agency application (two pages) must be completely filled out and notarized.
- Individual application (three pages) must be completely filled out and notarized. **Please make sure you sign your name between the lines on page three.**
- 15 questions regarding experience must be completed in detail and notarized as required by, R.S. 37:3507 (c).
- Copy of your current driver's license.
- 4 X 6 or 5 X 7 color photograph. **Passport photos are not acceptable.** *If you are currently licensed as a Louisiana Investigator, you will not need to submit a new photo.*
- All applicants must submit to a criminal fingerprint background check. The applicant will be notified with instructions on how to schedule the background check with Identogo, **after** the application and fee have been received by the board office. If the board office receives the results of your criminal background check before receiving your application and fee, the results will **NOT** be accepted. You will be required to schedule a second fingerprint background check at a service center. There will be an additional cost.
- A current copy of your Occupation License must be submitted from the parish where your agency will be domiciled. (Out of state companies will not have an occupational license)
- If your Agency is either Incorporated or an LLC, you will need to provide current filing paperwork (Certificate of Good Standing and Listing of Corporate Officers/Members), from the Louisiana Secretary of State/Corporations Division, as required by R.S.37:3507 (c).
- Out of state corporations must register with the Secretary of State of Louisiana/Corporations Division, as a "foreign Corporation". You will need to submit a certified valid Certificate of Authority with your application. Out of state companies that are a sole proprietor, will need to provide an Agent for service of process as required by, LSA-R.S. 12:301 et. Seq.
- An Affidavit from all previous employers regarding investigative experience. **This applies to ALL applicants. (Law enforcement, currently licensed investigators, etc.)** The qualifying agent must submit an affidavit stating that they meet the requirements of L.A.C. 46:301 (G) which states that a qualifying agent is a responsible officer or executive employee of an investigative company (state name of company) and intends to maintain and does maintain a supervisory position on a regular, full-time basis.
- Fee – The agency application fee is \$350.00. **Payment must be in the form of a money order or business/personal check. We do not accept cash or credit cards.**  
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.**

JEFF LANDRY  
GOVERNOR



State of Louisiana  
Board of Private Investigator Examiners

LANCE WALLACE  
WALTER T. ASMUSSEN  
MARIA LANDRY  
MARCAL POUILLARD  
ANNETTE KOVAC  
JONATHAN MITCHELL  
PAUL DUGAS  
PAT ENGLADE  
EXECUTIVE DIRECTOR

APPLICATION PACKAGE

AGENCY

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 all the information carefully and complete the entire application by either typing or printing the information when answering all the questions. When sending in your application, you must send everything that is required in the instruction sheets 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. An additional \$20.00 processing fee will be added to all returned paperwork. 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.

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 Agency Applicant

The licensing fees are \$350.00 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. In the event the Board declines/refuses to license you, **no fees will be returned to you.**

The agency application is a two page and a three-page document. Both sections must be completed in detail and must be notarized. Do not leave any questions unanswered. Attached to the application is a fifteen-question document. You must answer all fifteen questions in detail and must be notarized. It is an extremely helpful document and must be prepared carefully and fully.

After receiving your application, we will contact you with instructions on how to schedule the background check with IdentoGo.

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.** Copies are also not acceptable. **YOUR ENTIRE HEAD AND SHOULDERS MUST TO BE IN THE PHOTO.**

You must provide a clear and concise copy of your driver's license, and you must provide a copy of an occupational license. (Out of State Companies will not have an occupational license)

## LICENSING OF OUT-OF-STATE COMPANIES -

Companies wishing to do business in Louisiana must either incorporate here or be duly qualified to do business within this state with a valid certificate of authority issued by the secretary of state and shall have an agent for service of process designated as required by law.

1. Out of state corporations must register with the Office of the Secretary of State of Louisiana, Corporations Division, as a "Foreign Corporation" per LSA-R.S. 12:301 et seq. Companies must also submit a certified valid Certificate of Authority issued by the Secretary of State of Louisiana to the Louisiana State Board of Private Investigator Examiners.

Contact: State of Louisiana Secretary of State Corporations Division  
P. O. Box 94125  
Baton Rouge, LA 70804-9125  
Phone: (225) 925-4704

2. Similarly, any individual, whether domiciled in this state or not, is subject to the same requirements established by the Department of Revenue and Taxation, pertaining to sales tax identification numbers, or Occupational License Taxes.

If you are applying to transfer from an APPRENTICE, an INDIVIDUAL, or a JOURNEYMAN level license to an AGENCY level license, you must provide notarized affidavits regarding your experience from ALL previous employers, attesting to the fact that you gained investigative experience while working under their agency license. (Please contact the board office to inquire about the total fees.)

If you are claiming investigative experience as a result of working for a military, civilian police organization, please provide letters from your supervisors that reflect your investigative experience.

When your application is scheduled to be presented to the Board for their consideration, you will be notified, in writing. You are not required to be in attendance at the Board meeting, but it is a very good idea to be at the meeting so that the Board can ask questions, if they desire, and you may provide further information in support of your application.

**Please call the Board office to find out the deadline for submitting your application for Board approval.** 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.**

**LOUISIANA STATE BOARD OF  
PRIVATE INVESTIGATOR EXAMINERS**

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

**APPLICATION (AGENCY) continued**

You must submit your Company, Partner or Corporation Application, a copy of the partnership Agreement and/or the Articles of Incorporation.

You must submit with your Company, Partnership or Corporation Application in the Personal History Application of the Managing Partner or the Chief Executive Officer of the Corporation.

The Company, Partnership or Corporation Application must be signed and notarized by the Managing Partner of the Partnership Agreement and/or by the Chief Executive Officer of the Corporation.

Managing Partner \_\_\_\_\_  
Signature

Chief Executive Officer \_\_\_\_\_  
Signature

Sworn and subscribed this \_\_\_\_\_ day of \_\_\_\_\_,

before \_\_\_\_\_, Notary Public, Parish/County of

State of \_\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Notary Public

**NOTICE: PLEASE WAIT TO SIGN UNTIL YOU ARE IN FRONT OF THE NOTARY. THEY HAVE TO WITNESS YOUR SIGNATURE.**

## INDIVIDUAL LICENSE APPLICATION

Last Name First Name Middle Name

1. Agency Name

Agency's Street Address

City State Zip

2. Applicant's Home Address

City State Zip

3. Social Security No.:

4. Driver's License No. & State:

5. Phone Numbers (Include Area Code):

Applicant's # Agency's #

6. Former Residence for Last 7 Years:

From	To	Street and Number	City, State, Zip Code
Month Year			
Month Year			
Month Year			

7. Description:

Age	Sex	Height	Weight	Hair	Eyes	Build	Complexion
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8. Date of Birth: 9. Citizen of: 10. Place of Birth: (City, State)

11. Marital Status: Spouse's Name: Date and Place of Divorce or Separation:  
 Single  Married  Divorced  
 Widow(ed)  Separated

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 a 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 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 and 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 and 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 and Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

20. Has your driver'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/Location of School
Elementary	1 2 3 4 5 6 7 8			
High School	9 10 11 12			
College and Other Schools Attended				

**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 to be verified by the Board.

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature below, 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 Louisiana State Board of Private Investigator Examiners. 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. I am acknowledging the receipt of the Privacy Act Statement, Noncriminal Justice Applicant Privacy Rights, FBI Privacy Act Statement and Fingerprint Challenge Rights Notice.

**\*\*NOTICE\*\* THE APPLICANT'S SIGNATURE IS REQUIRED BELOW:**

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.

Sworn to and Subscribed this \_\_\_\_\_ day of \_\_\_\_\_, before \_\_\_\_\_

Notary Public, Parish/County of \_\_\_\_\_ State of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

# PRIVATE INVESTIGATOR AGENCY APPLICATION

## VERY IMPORTANT

1. "Private investigation agency license" – issued to any person or entity, as defined in R.S. 37:3503(8), where the individual seeking license or the partner of the partnership or the principal corporate officer of the corporation seeking license (i) has at least three years within the last ten years either working as a private investigator or in an investigative capacity and (ii) satisfies all other requirements for licensing.
2. Do you have THREE (3) years of full-time investigative experience within the last ten years?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "NO", You do not qualify for an Agency License.

If you answered "YES", You must provide the following information.

### Employment History For The Past Ten Years

**NOTE:** Please define in detail the duties you performed while doing this investigative work. Where you gained the experience, how you gained the experience, what you did to gain the experience, who were you employed by, were you specifically trained to perform investigations, if so when were you trained, how were you trained, etc.

Company / Agency: \_\_\_\_\_

Dates Of Employment: From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Position: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Duties: Please check and answer **All** that are applicable.

<input type="checkbox"/> Surveillance <input type="checkbox"/> Locate witnesses <input type="checkbox"/> Interview witnesses <input type="checkbox"/> Witness statements <input type="checkbox"/> Managed others <input type="checkbox"/> Background checks	<input type="checkbox"/> Field notes, handwritten <input type="checkbox"/> Field notes, tape recorded <input type="checkbox"/> Testify in court, lay witness <input type="checkbox"/> Testify in court, expert witness <input type="checkbox"/> Supervised others <input type="checkbox"/> Domestic investigations	<input type="checkbox"/> Write reports of investigation <input type="checkbox"/> Statements of witnesses <input type="checkbox"/> Activities performed under direct supervision of agency <input type="checkbox"/> Activities performed as journeyman <input type="checkbox"/> Public records searches (if yes, answer # 6 below) <input type="checkbox"/> other specialty investigation:
How many hours per week? _____		How many hours per month? _____
What percentage of your total income was derived from the above activities? _____		
How many investigations did you work per week? _____		How many investigations did you work per month? _____
Testify as lay witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #4 below.		Testify as expert witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you done any witness interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #5 below.	Have you taken any statements of witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you written any investigative reports? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please answer #3 below.	

Company / Agency: \_\_\_\_\_

Dates Of Employment: From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Position: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Duties: Please check and answer ALL that are applicable.

<input type="checkbox"/> Surveillance	<input type="checkbox"/> Field notes, handwritten	<input type="checkbox"/> Write reports of investigation
<input type="checkbox"/> Locate witnesses	<input type="checkbox"/> Field notes, tape recorded	<input type="checkbox"/> Statements of witnesses
<input type="checkbox"/> Interview witnesses	<input type="checkbox"/> Testify in court, lay witness	<input type="checkbox"/> Activities performed under direct supervision of agency
<input type="checkbox"/> Witness statements	<input type="checkbox"/> Testify in court, expert witness	<input type="checkbox"/> Activities performed as journeyman
<input type="checkbox"/> Managed others	<input type="checkbox"/> Supervised others	<input type="checkbox"/> Public records searches (if yes, answer # 6 below)
<input type="checkbox"/> Background checks	<input type="checkbox"/> Domestic investigations	<input type="checkbox"/> other specialty investigation:
How many hours per week? _____		How many hours per month? _____
What percentage of your total income was derived from the above activities? _____		
How many investigations did you work per week ? _____		How many investigations did you work per month ? _____
Testify as lay witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #4 below.		Testify as expert witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you done any witness interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #5 below.		Have you taken any statements of witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you written any investigative reports? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please answer #3 below.		

Company / Agency: \_\_\_\_\_

Dates Of Employment: From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Position: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Duties: Please check and answer ALL that are applicable.

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How many hours per week? _____		How many hours per month? _____

What percentage of your total income was derived from the above activities?	
How many investigations did you work per week ?	How many investigations did you work per month ?
Testify as lay witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #4 below.	Testify as expert witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you done any witness interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #5 below.	Have you taken any statements of witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you written any investigative reports? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please answer #3 below.	

Company / Agency: \_\_\_\_\_

Dates Of Employment: From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Position: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Duties: Please check and answer **ALL** that are applicable.

<input type="checkbox"/> Surveillance	<input type="checkbox"/> Field notes, handwritten	<input type="checkbox"/> Write reports of investigation
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<input type="checkbox"/> Background checks	<input type="checkbox"/> Domestic investigations	<input type="checkbox"/> other specialty investigation:
How many hours per week?		How many hours per month?
What percentage of your total income was derived from the above activities?		
How many investigations did you work per week ?		How many investigations did you work per month ?
Testify as lay witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #4 below.		Testify as expert witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you done any witness interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #5 below.		Have you taken any statements of witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you written any investigative reports? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please answer #3 below.		

Company / Agency: \_\_\_\_\_

Dates Of Employment: From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Position: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Duties: Please check and answer **ALL** that are applicable.

<input type="checkbox"/> Surveillance	<input type="checkbox"/> Field notes, handwritten	<input type="checkbox"/> Write reports of investigation
<input type="checkbox"/> Locate witnesses	<input type="checkbox"/> Field notes, tape recorded	<input type="checkbox"/> Statements of witnesses
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<input type="checkbox"/> Witness statements	<input type="checkbox"/> Testify in court, expert witness	<input type="checkbox"/> Activities performed as journeyman
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<input type="checkbox"/> Background checks	<input type="checkbox"/> Domestic investigations	<input type="checkbox"/> other specialty investigation:
How many hours per week?	How many hours per month?	
What percentage of your total income was derived from the above activities?		
How many investigations did you work per week ?	How many investigations did you work per month ?	
Testify as lay witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, answer #4 below.	Testify as expert witness, how often? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you done any witness interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No No • If yes, answer #5 below.	Have you taken any statements of witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you written any investigative reports? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please answer #3 below.		

**Note:** There may be questions regarding previous employers and the number of hours worked. You may need to provide documentation such as W-2's, 1099's and/or other proof of employment. If your application is not clear as to your three years of investigative experience, your application will be returned to you. It will be the responsibility of the applicant to provide proof of three years full-time investigative experience.

3. For the investigative experience listed in Question No. 2, how many hours per week, hours per month, days per year did you work as an investigator and/or perform the activities described?

4. Did you write reports while performing the investigative activities as described in Question No. 2? If you did please explain the types of reports written, whom did you write report to and how many of your investigations resulted in a report being written?

5. **Have you testified in court or before a "judicial body" as part of the investigative experience described in Question No. 2? How often did you testify? If you have testified was your testimony in the capacity of a "lay witness" or as a "expert witness"? Has any court of competent jurisdiction qualified you as an expert witness? If so, in what field of expertise?**
  
6. **Have you interviewed witnesses while performing the investigative activities as described in Question No. 2? If so please provide an estimate as to how many interviews you have conducted and the general purpose of those interviews you conducted in an investigative capacity.**
  
7. **Have you performed public record searches, database research or other searches / research while performing the investigative activities as described in Question No. 2? If so please provide information as to the general purpose of those searches you conducted in an investigative capacity.**
  
8. **How many investigations / cases did you work on at any one time during the time you were performing the investigative activities as described in Question No. 2? Please provide information as to the types of cases you were assigned to investigate.**

9. Did you perform these investigations under the direct supervision of another or as an independent contractor? Please explain your answer in detail.
10. Did you manage / supervise other individuals / investigators involved in the conduct of investigative work, while performing the investigative activities as described in Question No. 2? If so please describe in detail as to how many individuals you supervised and in what capacity.
11. What percentage of your TOTAL personal income was derived from performance of those specific investigative activities as described in Question No. 2?
12. Have you attended professional seminars or training while performing the investigative activities as described in Question No. 2? If so please provide information as to any formal / classroom training you have received, when you attended, who conducted the training, etc.
13. Have you been commissioned / licensed by another State Board, Agency or other entity while performing the investigative activities as described in Question No. 2? If so, please provide the names, addresses and contact information including telephone number, name of supervisor for the licensing authority.

14. Have you had any formal training regarding the management / operation of an investigative agency, the management of a business? If so, please explain in detail.

15. If you are an INDIVIDUAL or JOURNEYMAN license holder and you are applying to transfer to an Agency license, please be sure to provide the names of all the agencies you have been employed with and / or worked for. In addition please provide "affidavits" from ALL previous investigative agencies / employers. The "Affidavits" shall reflect that you have worked for them, when you worked for each agency and what you investigative activities were. Please provide detailed information in the "affidavit".

You are applying for a private investigator agency license. Please sign this document before a notary public, stating that all of the information which you are providing to the LOUISIANA STATE BOARD OF PRIVATE INVESTIGATOR EXAMINERS is true and correct.

Applicant: \_\_\_\_\_

Sworn To and Subscribed This \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

Before \_\_\_\_\_, Notary Public, State of \_\_\_\_\_.

Notary Seal \_\_\_\_\_

Notary Public

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identify-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

## AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notices and that the results of the check are handled in a manner that protects the applicant's privacy. All notices must be provided in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the applicant submits his/her fingerprints and associated personal information.<sup>2</sup>
- Officials must advise all applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(e), 20.33(d), 50.12(b) and 906.2(d).

## DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.<sup>1</sup> Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.<sup>2</sup>
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.<sup>3</sup>

<sup>1</sup> La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).

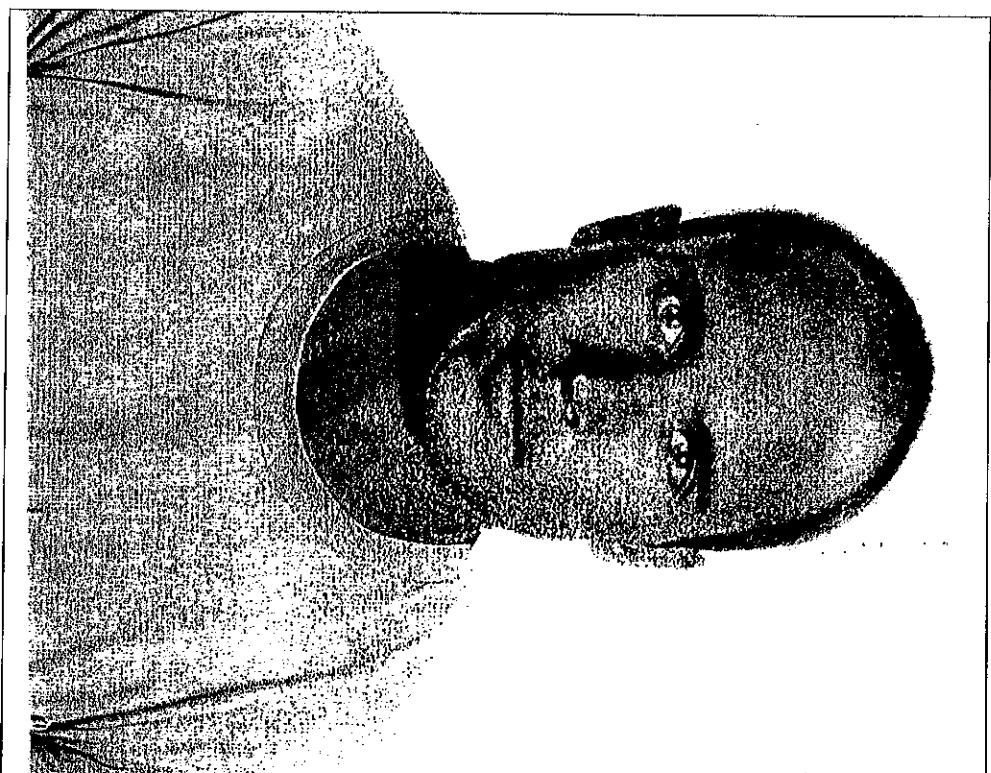
## PHOTOGRAPH FOR YOUR INDENTIFICATION CARD

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.**