

# AGENCY APPLICATION CHECKLIST

Before submitting your application, please make sure you have completed the below checklist. 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.*
- Completely fill out two state police forms and one fingerprint card. You must have your fingerprints printed on the enclosed card. **If you choose to submit your application in person to the board office to speed up the background check process, you will NOT need to submit the fingerprint card.** *If you are currently licensed as a Louisiana investigator, you will not need to submit the state police forms and fingerprint cards.*
- 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 \$393.00. **Payment must be in the form of a money order or business/personal check. We do not accept cash or credit cards.** *If you are currently a Louisiana licensed investigator, please contact the board office to inquire about total fees. 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 \$393.00 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.

The two State Police documents and the fingerprint card must be returned in the application package. 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. **The card must be properly filled out, providing all information on the card.**

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 affidavits or letters from your supervisors that reflect your investigative experience.

After receiving your application, your fingerprints will be sent to the State Police and the Federal Bureau of Investigation. 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**

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 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.**

**PRIVATE INVESTIGATOR EXAMINERS  
APPLICATION**

**FOR BOARD USE ONLY**

Last Name	First Name	Middle Name
1. Agency Name		
Agency Street Address		
Agency Mailing Address		
City	State	Zip
2. Present Resident Address		
City	State	Zip

<b>Date Received:</b>
<b>Date Approved:</b>
<b>License Number:</b>
3. Social Security Number:
4. Driver's License No. & State:
5. Phone Numbers (Include Area Code):
Residence #
Agency #

**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 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 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				

**\*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. By signing this form, you are acknowledging the receipt of the LSP Privacy Act Statement, Noncriminal Justice Applicant Privacy Rights, FBI Privacy Act Statement and Fingerprint Challenge Rights Notice. 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 SEPARATE SHEET FOR THE COPY OF YOUR DRIVER'S LICENSE



# 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.

<input type="checkbox"/> Surveillance	<input type="checkbox"/> Field notes, handwritten	<input type="checkbox"/> Write reports of investigation
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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
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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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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

## 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.

- 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.**



# Background Checks Can Come Back Faster

The below process substantially decreases the amount of time in which we must wait for the applicant's criminal background check to be completed. Currently, when the applicant submits their application to the Board office, we mail the state police forms and fingerprint card to the State Police for a background check, it takes approximately ten to twelve weeks, if not longer before this process is completed, and then Board is allowed to issue the license (pending approval). If the applicant would like to take advantage of personally bringing their **completed** application to the board office in Baton Rouge, we will give them the proper paperwork to take to the State Police headquarters on Independence Boulevard in Baton Rouge. They will be able to have their fingerprints printed digitally and will result in the Board receiving their background check results within approximately five to ten business days. All business conducted by the State Police is contingent on their workload and the Louisiana State Board of Private Investigator Examiners has no control over that process.

1. To expedite the background process, you must submit your complete application (all required documents), along with the required fees to the board office. **(You will NOT need to submit a fingerprint card. We will send you to the State Police for a digital scan).** The office only accepts hand delivered applications **Monday – Thursday** between the hours of **8:00am – 10:30am & 12:30pm – 2:00pm** (*by the applicant applying for the license*). We do **NOT** accept applications on Fridays. **Payment must be in the form of a money order or business/personal check. We do not accept cash or credit cards.**
2. The initial fee structure is as follows:
  - a. Agency-----\$393.00
  - b. Journeyman-----\$393.00
  - c. Individual-----\$243.00
  - d. Apprentice----\$243.00
3. **If you choose to physically go to the State Police to have your prints scanned, you will be required to pay an extra \$10.00, (this must be a separate payment from the application fee). Louisiana State Police accepts cashier's checks, company checks, money orders or debit cards.** If you have no arrests on file, your background check from the State Police and the FBI should be reported back to the Board office within 5 to 10 business days instead of the normal 10 to 12 weeks.
4. **IMPORTANT !!!!!** If you make the decision to physically go to the State Police to have your prints scanned, **YOU MUST** first submit your completed application to the Board office first.
5. **This process is not mandatory, it is a choice.** You can choose to mail your completed application (with all required documents and one printed fingerprint card) to the board office.



Louisiana State Police  
Bureau of Criminal Identification & Information - LCJIS  
7919 Independence Blvd., Baton Rouge, LA  
225-925-6095

### ***NOTICE TO APPLICANTS***

As an applicant for a position requiring fingerprints to be submitted to the Louisiana Bureau of Criminal Identification and Information - Louisiana Criminal Justice Systems (BCII-LCJIS), and the Federal Bureau of Investigation, YOUR FINGERPRINTS WILL BE SUBMITTED TO THESE AGENCIES TO CHECK STATE AND FBI RECORDS.

Discrepancies on your Louisiana record can be challenged and corrected by contacting the Louisiana Bureau of Criminal Identification and Information at 7919 Independence Blvd., Baton Rouge, LA 70806, or by calling the BCII-LCJIS at (225) 925-6095. Additional information is available from the LSP.org website at <http://lsp.org/technical.html#criminal>. You will need the Authorization and Disclosure forms associated with the Right to Review Process.

Discrepancies on records from the FBI or relating to another state can be challenged through the FBI. Information, including that listed below, can be found at their website at [www.fbi.gov](http://www.fbi.gov).

The U.S. Department of Justice Order 556-73 (<https://www.fbi.gov/services/cjis/identity-history-summary-checks/us-department-of-justice-order-556-73>) establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.

#### How to Request a Copy of Your Record:

The FBI offers three methods for requesting your FBI Identification Record or proof that a record does not exist. Information on each option can be found at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

Option 1: Electronically Submit Your Request Directly to the FBI at <https://www.edo.cjis.gov/>.

Option 2: Submit Your Request Directly to the FBI via the mail.

Option 3: Submit Your Request to an FBI-Approved Channeler.

# Privacy Act Statement

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

## 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.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- 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 criminal history record.<sup>3</sup>

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>4</sup>

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/identity-history-summary-checks>.

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. 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.)

<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 28 CFR 50.12(b).

<sup>4</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).

## FBI Privacy Act Statement

*This privacy act statement is located on the back of the FD-258 fingerprint card.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

# FINGERPRINT CARD

## PLEASE PAY CLOSE ATTENTION TO THESE INSTRUCTIONS.

The collection of applicant fingerprints by LSBPIE is authorized by La. R.S. 15:587 (A)(1)(c). The background check fees are included in the application fee. Your application will not be accepted unless the card and two forms are attached. Only the cards sent by us will be accepted by LSBPIE. The card must be completed; please accurately submit all requested information to the board office. Please type or print clearly in black ink. Please completely fill out the State Police forms (form DPSSP 6696 and Applicant Processing-Disclosure form), as this will slow down the application process if not done.

### FRONT OF CARD

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

### ADDITIONAL FORMS

- On Form No. DPSSP 6696, please fill in all spaces in the bottom section of the page.
- On Applicant Processing Disclosure Form, 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 the card and both forms, 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 \$31 (Including La.RS 15:587D(1) \$5.00 Technology Fee).

FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$13.25 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order

Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

\*\*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

Lori Harrell

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

7414 Perkins Rd., Suite 120

[Handwritten Signature]

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Baton Rouge, LA 70808

( 225 ) 763-3556

CITY

STATE

ZIP CODE

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

info@lsbpie.com

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL BEVERAGE OUTLET
AUTHORIZED AGENCY
BEHAVIOR ANALYST BOARD
BOARD OF EXAMINERS (PSYCHOLOGIST)
BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.)
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE / WORKING WITH CHILDREN
DENTISTRY BOARD
DEPT. OF AGRICULTURE AND FORESTRY
DEPT. HEALTH AND HOSPITALS
DEPT. OF INSURANCE - FRAUD DIVISION
DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
DRUG AND DEVICE DISTRIBUTORS
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
GESTATIONAL CONTRACTS
HEALTH CARE PROVIDER (Non Licensed)
JUVENILE DETENTION CENTER
LA BOARD CHIROPRACTIC EXAMINERS
LA PHYSICAL THERAPY BOARD
LA STATE BOARD SOCIAL WORK EXAMINERS
LICENSED PROFESSIONAL COUNSELORS
MEDICAL EXAMINERS
OFFICE OF FINANCIAL INSTITUTIONS
OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
OMVE - EMPLOYEE ISSUING COMMERCIAL DL
OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
PHARMACY BOARD
POST SECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
REGISTERED NURSING
RELIGIOUS ACTIVISTS
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
VOLUNTEER LOUISIANA COMMISSION
WILDLIFE AND FISHERIES
WORKING WITH CHILDREN

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID or 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. 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.

ATN and SID# FOR OFFICIAL USE ONLY

ATN \_\_\_\_\_

SID# \_\_\_\_\_

APPLICANT PROCESSING – DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND  
INFORMATION

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

LA State Board of Private Investigator Examiners

AGENCY, BUSINESS OR INDIVIDUAL NAME

7414 Perkins Rd., Suite 120

MAILING ADDRESS

Baton Rouge, LA 70808

CITY STATE ZIP CODE

**NOTICE:**  
PLEASE PRINT OR TYPE  
INFORMATION, EXCLUDING  
ADMINISTRATORS OR AUTHORIZED  
PERSONS SIGNATURE.

**INCOMPLETE FORMS WILL NOT BE  
PROCESSED.**

NAME OF APPLICANT DATE OF BIRTH PLACE OF BIRTH RACE / SEX  
(STATE)

WEIGHT HEIGHT HAIR COLOR EYE COLOR

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 an arrest or conviction information not available in our database.

**CRIMINAL HISTORY DETERMINATION**

RAPSHEET ATTACHED

RESPONSE BELOW