

JOHN BEL EDWARDS
GOVERNOR



State of Louisiana
Board of Private Investigator Examiners

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

CHANGE OF EMPLOYER FORM

DATE: _____

NAME OF INVESTIGATOR: _____

TO CHANGE: _____ EMPLOYER FOR INDIVIDUAL
_____ EMPLOYER FOR APPRENTICE

Please complete & return the items checked below:

<input type="checkbox"/>	Complete items 1-5 of the first page of the Personal Information/Application.
<input type="checkbox"/>	Complete a Notice of Change/Re-Employed Form.
<input type="checkbox"/>	Complete and sign a Sponsor Form.
<input type="checkbox"/>	\$50.00 transfer fee for each investigator. Send check(s) or money order(s) payable to "LSBPIE" and write investigator name and license number on each check or money order.

PRIVATE INVESTIGATOR EXAMINERS APPLICATION			FOR BOARD USE ONLY
Last Name	First Name	Middle Name	Date Received:
1. Agency Name			Date Approved:
Agency Street Address			License Number:
Agency Mailing Address			3. Social Security Number:
City	State	Zip	4. Driver's License No. & State:
2. Present Resident Address			5. Phone Numbers (Include Area Code):
City	State	Zip	Residence #
			Agency #

**LOUISIANA STATE BOARD OF
PRIVATE INVESTIGATOR EXAMINERS**

**7414 PERKINS RD., SUITE 120
BATON ROUGE, LOUISIANA 70808
TELEPHONE (225) 763-3556**

DATE: _____

Re: INVESTIGATOR NAMED BELOW

LICENSE# _____

NOTICE OF CHANGE: INVESTIGATOR RE-EMPLOYED
Please print.

I hereby notify the Louisiana State Board of Private Investigator Examiners, that as of _____, 20____, the above named private investigator is no longer employed with _____.

As of _____, 20____, Investigator _____ is now employed with _____, a duly licensed Louisiana State Private Investigative Agency.

As required by R.S. 37:3514G(2), and Rules and Regulations 517A (1)(d) and Section 517A(2)(e), I have enclosed the required \$50.00 transfer fee. I understand a new License (certificate) and Registration Card will be issued our agency. Upon receipt of the new License and Registration Card, I acknowledge that under penalty of Law, _____ Private Investigator, is to immediately surrender the invalid License/Certificate and the Registration Card.

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

Agency Holder's License #: _____

Agency Name: _____

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

LOUISIANA STATE BOARD
PRIVATE INVESTIGATOR EXAMINERS
7414 PERKINS ROAD, SUITE 120
BATON ROUGE, LA 70808

PHONE (225) 763-3556

FAX (225) 763-3536

SPONSOR FORM

DATE: _____

SPONSORING AGENCY NAME: _____

AGENCY MAILING ADDRESS: _____

(city)

(state)

(zip)

AGENCY PHONE # (____) _____

Please print the following:

I agree to sponsor _____
(name of applicant or investigator)

in the capacity indicated below:

() Licensed Investigator

() Apprentice

Agency Owner/Manager:

(Print name)

(Signature)

Owner/Manager's LA Private Investigator License Number