



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO HOMELAND SECURITY – PI/SG

1970 West Broad Street
 P.O. Box 182001
 Columbus, OH 43218-2001
 PHONE (614) 466-4130 FAX (614) 466-0342
<http://www.homelandsecurity.ohio.gov/pisg.stm>

PI/SG LICENSEE APPLICATION – CORPORATION, LIMITED LIABILITY COMPANY AND SOLE PROPRIETOR

Use this form to apply for licensure as a private investigator under a Class B license, or as a security guard provider under a Class C license, or as a private investigator and a security guard provider under a Class A license.

FOR DIVISION USE ONLY		
FILE NUMBER	ISSUE DATE	
FEE NUMBER	FEE AMT.	EXP. DATE

- This form is interactive. You may, before printing, type your responses directly onto the form. Otherwise this form must be typewritten or printed legibly in black ink.
- This application must state the name of the officer or qualifying agent filing the application.
- Fill out all applicable sections of this application. Incomplete applications and applications that are filled out improperly will be returned for correction.
- Prior to submitting an application to the Division, a new business entity, or an entity that is changing its name, must initially have its name, and any Trade/Doing Business As (D.B.A.) name under which the entity will operate, registered with the Ohio Secretary of State. Attach to this application the certificate from the Ohio Secretary of State that affirms the entity is registered with that office.
- This application must be certified in the presence of a Notary Public.
- Non-residents of the State of Ohio (out-of-state applicants) must also complete a Non-resident Applicant's Consent to Service of Process and a Statement of Residency.
- A check or money order for \$375, plus \$25 for each officer or qualifying agent listed as satisfying the requirements for licensure, made payable to Ohio Treasurer Kevin L. Boyce, **must** be remitted with this application. **Cash is not accepted.**
- Attach to this application certification from the Ohio Secretary of State that affirms the business is registered with that office.

BUSINESS TYPE (check one)				CLASS OF LICENSE (check one)		
<input type="checkbox"/> CORPORATION Include articles of incorporation and a letter of good standing from the Ohio Secretary of State.	<input type="checkbox"/> LIMITED LIABILITY CO. Include Organization / Registration of Limited Liability Company from the Ohio Secretary of State.	<input type="checkbox"/> PARTNERSHIP Include Partnership Agreement on file with the County Recorder.	<input type="checkbox"/> SOLE PROPRIETOR Include the certificate from the Ohio Secretary of State that affirms the entity is registered with that office.	<input type="checkbox"/> PRIVATE INVESTIGATOR & SECURITY GUARD PROVIDER (A)	<input type="checkbox"/> PRIVATE INVESTIGATOR (B)	<input type="checkbox"/> SECURITY GUARD PROVIDER (C)
APPLICANT INFORMATION						
OFFICER OR QUALIFYING AGENT FILING THE APPLICATION					CONTACT PHONE () -	
COMPANY NAME					COMPANY PHONE () -	
INTENDED TRADE/DOING BUSINESS AS (D.B.A.) NAME (IF DIFFERENT FROM COMPANY NAME)					COMPANY FAX () -	
MAIN BUSINESS ADDRESS						
CITY				STATE	ZIP CODE +4 -	
CO-APPLICANT INFORMATION						
OFFICER OR QUALIFYING AGENT FILING THE APPLICATION					CONTACT PHONE () -	
COMPANY NAME					COMPANY PHONE () -	
INTENDED TRADE/DOING BUSINESS AS (D.B.A.) NAME (IF DIFFERENT FROM COMPANY NAME)					COMPANY FAX () -	
MAIN BUSINESS ADDRESS						
CITY				STATE	ZIP CODE +4 -	
CO-APPLICANT INFORMATION						
OFFICER OR QUALIFYING AGENT FILING THE APPLICATION					CONTACT PHONE () -	
COMPANY NAME					COMPANY PHONE () -	
INTENDED TRADE/DOING BUSINESS AS (D.B.A.) NAME (IF DIFFERENT FROM COMPANY NAME)					COMPANY FAX () -	
MAIN BUSINESS ADDRESS						
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PI/SG SOLE PROPRIETOR/QUALIFYING AGENT SUPPLEMENTAL APPLICATION

- This form is interactive. You may, before printing, type your responses directly onto the form. Otherwise, this form must be typewritten or printed legibly in black ink.
- Fill out all applicable sections of this application. Incomplete applications and applications that are filled out improperly will be returned for correction.
- This application must state the name of the officer or qualifying agent filling the application.
- Prior to submitting an application to the Division, a new business entity, or an entity that is changing its name, must initially have its name, and any Trade/Doing Business As (D.B.A.) name under which its entity will operate, registered with the Ohio Secretary of State. Attach to this application the certificate from Ohio Secretary of State that affirms the entity is registered with that office.
- This application must be certified in the presence of a Notary Public.
- Non-residents of the State of Ohio (out-of-state applicants) must also complete a Non-resident Applicant's Consent to Service of Process & Statement of Residency.
- A check or money order for \$25 for each officer or qualifying agent listed as satisfying the requirements for licensure, made payable to Ohio Treasurer Kevin L. Boyce, **must** be remitted with this application. **Cash is not accepted.**
- Submit one complete set of fingerprints directly to the Bureau of Criminal Identification and Investigation for the purpose of conducting a criminal records check.

FOR DIVISION USE ONLY	
File #	
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AFFIX A 2" X 2"
 FULL FACE PHOTOGRAPH
 OF THE REGISTRANT IN THIS SPACE.
 PHOTO MUST HAVE BEEN TAKEN
 WITHIN THE LAST 30 DAYS AND BE A
 REASONABLE LIKENESS THEREOF.
 USE ONLY TRANSPARENT TAPE TO
 AFFIX THE PHOTOGRAPH. DO NOT
 USE GLUE OR OPAQUE TAPE.

APPLICANT INFORMATION / PHYSICAL DESCRIPTION					CLASS OF LICENSE (check one)	
FIRST NAME		MIDDLE NAME (if none, type N/A)		LAST NAME		
SOCIAL SECURITY NUMBER		BIRTH DATE	BIRTH PLACE		CITIZENSHIP	
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR		SCARS OR MARKS	
CURRENT RESIDENCE INFORMATION						
RESIDENCE ADDRESS					RESIDENCE PHONE () -	
CITY				STATE	ZIP CODE + 4 -	
CURRENT EMPLOYMENT INFORMATION						
EMPLOYER					EMPLOYER PHONE () -	
EMPLOYER ADDRESS					EMPLOYER FAX () -	
CITY				STATE	ZIP CODE + 4 -	
BACKGROUND INFORMATION						
Have you ever had a license to practice a regulated profession denied, suspended or revoked, or been subject to other disciplinary action in this or any other state? (if yes, attach explanation)					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you been convicted of, or do you have pending, a felony or misdemeanor charge other than minor traffic violations? (if yes, attach a copy of the certified journal entry of the deposition, including the date and location)					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been adjudicated incompetent under Ohio Revised Code section 5122.301? (if yes, attach a copy of the certified journal entry restoring you to legal capacity)					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you currently hold a commission from a law enforcement agency?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you, or have you ever been, a registered employee of a licensed private investigator or security guard provider in Ohio?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you, or have you ever been, licensed as a private investigator or security guard provider in any state?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a degree on law enforcement or criminal justice, or did you perform related work in the military? (if yes, attach a copy of your degree or military form DD-214)					<input type="checkbox"/> YES <input type="checkbox"/> NO	

List any certificates, schooling or experience that better qualifies you to obtain a license or serve as a qualifying agent.
(Explain below and attach copies of certificates, degrees or other evidence of qualification)

CERTIFICATION

I affirm that the information provided within and attached hereto, this application is complete and accurate.

X

SIGNATURE OF APPLICANT

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

by _____
NAME OF APPLICANT

[NOTARY SEAL]

X

SIGNATURE OF NOTARY

EXPIRATION DATE

NOTICE: Activities that require a license are not permitted until the applicant receives the license. Please allow approximately 60 days for processing. When your file is complete, you will receive notification in the mail two or three weeks on advance of your examination date.

NOTICE: Evidence that payment has been refused by the drawer's bank upon a check drawn to the order of Ohio Homeland Security shall constitute prima facie evidence of misconduct and shall constitute a violation of section 4749.13 of the Revised Code.

NOTICE: Ohio Revised Code section 4749.13 requires disciplinary action against any license or applicant who procures a license by fraud, misrepresentation or deceit. Further, Ohio Revised Code section 2921.13 makes the providing of a false statement to a government official or public agency subject to criminal sanctions.