



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) 752-6380
http://homelandsecurity.ohio.gov/ohs_pisg.stm

PI/SG

EMPLOYEE FIREARM-BEARER NOTATION INSTRUCTIONS

PLEASE FOLLOW THE INSTRUCTIONS CAREFULLY.

- Only one (1) individual per application.
- **Print** or **Type** the form.
- Check the appropriate item indicating the purpose for which this application is being filed.
- Enter Licensee Information.
- Enter Applicant Information.
- Affix a 2" x 2" color photograph of the registrant. Photo must be on a white background with the full-face visible (No Headgear) and be no more than 30 day old. Copies of driver license photos are not acceptable. Write the name of the registrant on the back of the photo and use only transparent tape to affix the photograph. **Do not** use glue or opaque tape.
- Incomplete applications and applications that are filled out improperly will be returned for correction
- Mail the application and any required attachments to the address listed above.

FINGERPRINT REQUIREMENTS:

To be registered as a private investigator or security guard in Ohio with a firearm-bearer notation, you must submit an application with all required enclosures. In addition, you must provide FBI fingerprints to the Attorney General's Office, Bureau of Criminal Identification and Investigation (BCI&I) for the purpose of conducting a criminal records check.

All fingerprint information and payments for FBI criminal records checks must be submitted to BCI&I. The cost is: \$24.00 for federal criminal records check for firearm-bearer notations.

For an initial registration as a Private Investigator or Security Guard with a firearm bearer (FAB) notation you must complete this HLS 0069 and the HLS 0012.

For additional information on submitting fingerprints, a link to the Attorney General's Web site www.ag.state.oh.us can be found on the Ohio Homeland Security Division's Web site http://homelandsecurity.ohio.gov/ohs_pisg.stm. There you can find a list of WebCheck locations and "WebCheck Community" throughout the state. In order to insure that results of criminal records checks are returned to the Ohio Department of Public Safety, PLEASE BE CERTAIN TO INDICATE THE "MAIL TO" ADDRESS as the **Ohio Department Of Public Safety** whenever fingerprints are submitted electronically. **Please remember if using fingerprint cards, send them with proper payment directly to BCI&I. Do not forward them with this application form.**

Notice: Entering information in the date fingerprints submitted and the authentication number fields is NOT the official criminal records check as required by Ohio Revised Code Chapter 4749. If these fields are incomplete the application will be returned. The criminal records check requirement will not be complete until the official results are received from BCI&I and any necessary additional research has been completed. **It is the responsibility of the company and the registrant to insure that the PI/SG unit receives the criminal records checks and any necessary documents to complete the review.**

ORC 4749.06 Registration of Investigator or Security Guard Employees; Identification Card; Firearms Training. (B)(2) The employee shall submit one complete set of fingerprints directly to the superintendent of the Bureau of Criminal Identification and Investigation for the purpose of conducting a criminal records check. The employee shall provide the fingerprints using a method the superintendent prescribes pursuant to division (C)(2) of [section 109.572](#) [109.57.2] of the Revised Code and fill out the form the superintendent prescribes pursuant to division (C)(1) of [section 109.572](#) [109.57.2] of the Revised Code. An employee who intends to carry a firearm as defined in [section 2923.11](#) of the Revised Code in the course of business or employment shall so notify the superintendent. This notification is in addition to any other requirement related to carrying a firearm that applies to the employee. The individual or corporation requesting the criminal records check shall pay the fee the superintendent prescribes.

Notice: Evidence that payment has been refused by the drawer's bank upon a check drawn to the order of the **Ohio Treasurer Kevin L. Boyce**, shall constitute prima facie evidence of misconduct and shall constitute a violation of section 4749.13 of the Revised Code.

Additional information, the rules and additional forms can be found at http://homelandsecurity.ohio.gov/ohs_pisg.stm. Questions can be directed to the Ohio Homeland Security, **Private Investigator/Security Guard Licensing and Registration (PI/SG) Unit** at (614) 466-4130.

**MAKE CHECK OR MONEY ORDERS PAYABLE TO
OHIO TREASURER KEVIN L. BOYCE.**



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EMPLOYEE FIREARM-BEARER NOTATION APPLICATION

USE THIS FORM TO FILE NEW AND CURRENT EMPLOYEES FOR FIREARM-BEARER (FAB) NOTATION AND FIREARM-BEARER RE-QUALIFICATION.

Affix a 2" x 2" color photograph of the registrant in this space.

Photo Must be on a white background with the Full Face Visible (No Headgear) and be no more than 30 day old. Copies of Driver license Photos are not acceptable.

Write the name of the registrant on the back of the photo and use only Transparent Tape to affix the photograph. **Do not** use glue or opaque tape.

- Fill out all applicable sections of this application. Incomplete and/or improperly filled out applications will be returned for correction.
- A copy of your most recent O.P.O.T.C. certification must be included or your application can not be processed.
- A check or money order for fees, made payable to **Ohio Treasurer Kevin L. Boyce**, must be remitted with this application. **Cash is not accepted.**
- This form **MUST** be used in conjunction with the registration application if you are applying for an initial registration and firearm bearer notation at the same time.

PURPOSE OF APPLICATION (CHECK ONE)

<input type="checkbox"/>	\$20.00 Re-qualification/Initial FAB on approved registrant/qualifying agent
<input type="checkbox"/>	\$15.00 Initial application (must be received in conjunction with registration application HLS 0012)
<input type="checkbox"/>	\$15.00 Re-qualification on approved registrant (must be received with renewal application HLS 0027)

LICENSEE INFORMATION

COMPANY NAME		LICENSEE FILE #	
DOING BUSINESS AS (DBA) NAME		FED TAX ID #	
ADDRESS (PHYSICAL ADDRESS)			
CITY		STATE	ZIP CODE
DAYTIME PHONE # () -	FAX PHONE # () -	E-MAIL ADDRESS	

EMPLOYEE INFORMATION

FIRST NAME	MI	LAST NAME	SUFFIX	SSN		
HOME ADDRESS (NO P.O. BOX)			PHONE # () -	DATE OF BIRTH		
CITY	STATE	ZIP CODE	COUNTY			
CITY OF BIRTH	STATE OF BIRTH	COUNTRY OF BIRTH	HEIGHT	WEIGHT LBS.	HAIR COLOR	EYE COLOR
HIRE DATE	DRIVER LICENSE #		STATE ISSUED			
SCARS AND MARKS						
DATE FINGERPRINTS SUBMITTED				AUTHENTICATION #		

TYPE OF WEAPON	DATE OF INITIAL CERTIFICATION	DATE OF RE-QUALIFICATION	CERTIFICATION EXPIRATION DATE
REVOLVER			
SEMI-AUTOMATIC			
SHOTGUN			

CERTIFICATION (check one)

<input type="checkbox"/>	I have not been convicted of a felony within the last 20 years.
<input type="checkbox"/>	I have been convicted of a felony within the past 20 years, but the conviction has been expunged and I have attached certified copies of the documentation expunging the conviction.

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

PRINT NAME OF EMPLOYEE	SIGNATURE OF EMPLOYEE X	DATE
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I have read the information provided by the applicant and have no reason to believe that it is false or misleading.

PRINT QUALIFYING AGENT NAME	QUALIFYING AGENT SIGNATURE X	DATE
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