OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO HOMELAND SECURITY – PI/SG
1970 WEST BROAD STREET
P.O. BOX 182001
COLUMBUS, OH 43218-2001
http://www.homelandsecurity.ohio.gov/ohs_pisg.stm

☐ **2011/2012 ANNUAL PI/SG PROVIDER LICENSE RENEWAL APPLICATION – AMOUNT DUE: $275.00**

☐ **2011/2012 ANNUAL PI/SG PROVIDER LICENSE RENEWAL APPLICATION – AMOUNT DUE: $100.00**

NAME	LICENSE NUMBER	
DOING BUSINESS AS (DBA)	LICENSE CLASS	
CITY	STATE	ZIP

This renewal application will be returned if it is not completely filled out (including signature of qualifying agent) and/or does not have all the required documentation attached. Any missing items, returned documents and all renewals must be postmarked by March 1, 2011, or your license will expire and application for a new license and registration of all employees will be required in accordance to Ohio Revised Code (R.C.) 4749 before private investigation and/or security services can continue to be provided. ***We will not accept any missing items postmarked after March 1, 2011.***

Please make check or money order payable to: Ohio Treasurer, Kevin L. Boyce.

To avoid any problems, please submit your renewal as soon as possible. Contact the unit immediately by phone (614) 466-4130, fax (614) 466-0342 or email PISGLR@dps.state.oh.us with any questions.

BUSINESS INFORMATION

ANY FALSE STATEMENT KNOWINGLY MADE ON THIS APPLICATION IS A MISDEMEANOR AND IS GROUNDS FOR REFUSAL.

1. Does the qualifying agent(s) or licensee continue to meet the applicable requirements for licensure as specified in R.C. Section 4749.03? (Required) ☐ YES ☐ NO

FEDERAL TAX ID # (REQUIRED)	STATE TAX ID # (REQUIRED)	PROVIDER PHONE # (REQUIRED)	PROVIDER FAX #
PROVIDER E-MAIL ADDRESS			

PHYSICAL ADDRESS (NO PO BOXES)

STREET ADDRESS			
CITY	STATE	ZIP	COUNTY

MAILING ADDRESS (OPTIONAL)

STREET ADDRESS OR P.O. BOX			
CITY	STATE	ZIP	COUNTY

2. Which address should be displayed to the public? (Required) ☐ Physical ☐ Mailing

List current company officers in the order reflected below including all current qualifying agents. If additional lines are needed, attach a separate sheet of paper. If no one holds that office, indicate 'none'. Please print or type.

CEO/PRESIDENT
VICE-PRESIDENT
TREASURER
SECRETARY
QUALIFYING AGENT 1
QUALIFYING AGENT 2
QUALIFYING AGENT 3
QUALIFYING AGENT 4

COMPANY CONTACT: This will be the person the PI/SG Unit can contact with questions regarding registration issues. (Required)

FIRST NAME	LAST NAME	TITLE
PHONE NUMBER	EXTENSION	FAX NUMBER
E-MAIL ADDRESS		

WORKERS COMPENSATION: (Required to Choose One)

☐ I affirm that from March 1, 2010 to March 1, 2011, this company had employees and obtained the proper coverage through workers compensation.

☐ I affirm that from March 1, 2010 to March 1, 2011, this company had **no** employees and therefore chose not to obtain the elective coverage through workers compensation.

OHIO JOB AND FAMILY SERVICES: (Required to Choose One)

☐ I affirm that from March 1, 2010 to March 1, 2011, this company had employees and obtained the proper coverage through Ohio Jobs and Family Services.

☐ I affirm that from March 1, 2010 to March 1, 2011, this company had **no** employees and therefore were not required to obtain coverage through Ohio Jobs and Family Services.

OHIO SECRETARY OF STATE

A certificate of good standing dated no earlier than Jan 1, 2011, is **required** to be attached. For information on how to obtain this form, call (614) 466-3910 or Toll Free (877) SOS-FILE (767-3453) or visit the Ohio Secretary of State Web site at http://www.sos.state.oh.us/SOS/businessServices/cogs.aspx

☐ I affirm that from March 1, 2010 to March 1, 2011, this company was a sole proprietorship and had **no** Trade/DBA name and therefore were not required to register with the Ohio Secretary of State.

DECLARATION OF MATERIAL ASSISTANCE

HLS 0036 is **required** to be completed and attached. This can be found on our website.

GENERAL COMPREHENSIVE LIABILITY INSURANCE COVERAGE

A copy of your current insurance Acord is required to be attached. Ohio Department of Public Safety, PI/SG, P.O. Box 182001, Columbus, OH 43218, must be listed as certificate holder.

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

PRINT NAME OF QUALIFYING AGENT	SIGNATURE OF QUALIFYING AGENT **X**	DATE