



OHIO DEPARTMENT OF PUBLIC SAFETY
PRIVATE INVESTIGATOR SECURITY GUARD SERVICES

1970 West Broad Street
P.O. Box 182001
Columbus, OH 43218-2001
PHONE (614) 466-4130 FAX (614) 466-0342
www.pisgs.ohio.gov

PISGS

PROVIDER APPLICATION

- Incomplete applications and applications that are filled out improperly will NOT be returned for correction.
- A check or money order for **\$375**, made payable to **Ohio Treasurer of State**, MUST be remitted with this application. **Cash is not accepted.**
- At least one Qualifying Agent Application form (PSU 0007) must accompany this application.

CLASS OF LICENSE (CHECK ONE)

- (A) Private Investigator & Security Guard Provider
 (B) Private Investigator Provider
 (C) Security Guard Provider

BUSINESS TYPE (CHECK ONE)

- Corporation
 Partnership
 Limited Liability Company
 Sole Proprietorship

Is this a first time application for an Ohio provider license? Yes No If no, previous provider license # _____
Did your license expire within the past six months? Yes No If yes, provider license # _____

COMPANY INFORMATION

INTENDED COMPANY NAME			
INTENDED TRADE NAME (IF APPLICABLE)			
PHYSICAL ADDRESS (NO P.O. BOXES)			
CITY	STATE	ZIP CODE	COUNTY
PHONE #	FAX #	EMAIL ADDRESS	

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)

STREET ADDRESS OR P.O. BOX			
CITY	STATE	ZIP CODE	COUNTY
Which address should be displayed to the public? (Required) <input type="checkbox"/> Physical <input type="checkbox"/> Mailing			

CONTACT PERSON (REQUIRED)

FIRST NAME	LAST NAME		
PHONE #	FAX #	EMAIL ADDRESS	

OWNER INFORMATION

FIRST NAME	MI	LAST NAME	SUFFIX
HOME ADDRESS (NO P.O. BOXES)			
CITY	STATE	ZIP CODE	COUNTY
PHONE #	EMAIL ADDRESS		

VETERAN INFORMATION (OPTIONAL)

Are you or your spouse a veteran or active member of the United States Armed Forces? Yes No
 If yes, attach a copy of your or your spouse's DD214 or current military ID for verification purposes.

PUBLIC RECORD AVAILABILITY (Ohio Revised Code [R.C.] 149.43)

Are you currently a commissioned peace officer, parole officer, prosecuting or assistant prosecuting attorney, correctional employee, youth services employee, firefighter, EMT, probation officer, bailiff, or an investigator of the bureau of criminal identification and investigation? Yes No

BACKGROUND INFORMATION

Has the company been licensed to provide private investigation or security services in another state within the past two years? If yes, list below (use additional paper if needed) and attach a copy of the license and provide a Letter of Good Standing from the licensing board of that state. Yes No

COMPANY NAME	STATE ISSUED	ORIGINAL DATE ISSUED	EXPIRATION DATE

Have any of the private investigation or security service companies you, or any listed officer, have been affiliated with, ever received disciplinary action or been denied, suspended, or revoked in this or any other state? Yes No

If yes, give the date and reason:

COMPANY OFFICERS (REQUIRED) List all company officers and qualifying agents below; if no one holds that office, indicate "none." **At least one "Qualifying Agent Application" (PSU 0007) and \$30 fee must accompany this Provider Application.** A Qualifying Agent Application (PSU 0007) and \$30 fee must be submitted for each qualifying agent.

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

STOP!

Do not submit an application without the following requirements!

- A certificate from the Ohio Secretary of State (SOS) affirming the business is registered must be attached per R.C. 4749.03(B). If registered longer than six months prior to application, a certificate of good standing must be attached.
- If using a trade name, a certificate from the Ohio Secretary of State (SOS) affirming that the trade name (not a fictitious name) is registered must be attached.
- Submit Qualifying Agent Application form PSU 0007 for at least one Qualifying Agent with the \$30 fee.
- Submit Qualifying Agent Application form PSU 0007 for each additional Qualifying Agent with the \$30 fee per applicant.
- If your company will have branch offices, a Provider Branch Office Application (PSU 0010) must be submitted for each company branch location along with a Certificate of Insurance Acord listing each branch office address.
- Submit check or money order for \$405.00 (\$375.00 Provider License plus \$30.00 Qualifying Agent) made payable to Ohio Treasurer of State.
- Make sure all forms are signed and dated.
- Make a copy for your records before submitting.

If additional information or corrections are needed, you will be contacted by e-mail.

After the entire application packet is received and prior to approval, the Qualifying Agent applicant will be contacted and scheduled for the Qualifying Agent Examination. After the exam has been successfully completed and before the license is granted, a copy of your insurance acord listing the main office and all branch office locations (if applicable) must be submitted with the certificate holder listed as PISGS, P.O. Box 182001, Columbus, OH 43218. Comprehensive General Liability must not be less than \$100,000 each occurrence and \$300,000 general aggregate. If you have employees, you will need to provide proof of workers compensation and unemployment insurance upon license renewal.

By signing this document, I attest that all of the information I have provided is true and accurate to the best of my knowledge. I understand that if I knowingly make a false statement on this application, I may be subject to criminal prosecution, and potential disciplinary action, including the denial of a license, or future suspension, or revocation of an approved license.

PRINT NAME OF OWNER	SIGNATURE OF OWNER X	DATE
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