



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

QUALIFYING AGENT APPLICATION

Affix a 2 x 2 passport style color photograph of the registrant no more than one year old in this space.

Copies of driver license photos are not accepted; no head gear or sunglasses.

Write the registrant's name on the back of the photo and affix to this space. Use glue or clear tape only.

- Incomplete applications and applications that are filled out improperly will NOT be returned for correction.
- A check or money order, made payable to **Ohio Treasurer of State**, MUST be remitted with this application. **Cash is not accepted.**
- If you are applying for initial registration and firearm bearer notation at the same time, this form must be used in conjunction with the Firearm-Bearer Notation Application (PSU 0016).

CLASS OF REGISTRATION (CHECK ONE)

- Private Investigator & Security Guard Registration (A)
 Private Investigator Registration (B)
 Security Guard Registration Only (C)

PURPOSE OF REGISTRATION (CHECK ONE)

- \$30.00 Initial Company Qualifying Agent application (\$25.00 QA exam fee and \$5.00 Rap Back enrollment) must be received with Provider Application (PSU 0006).
 \$30.00 Replacement or Additional Qualifying Agent application (\$25.00 QA exam fee and \$5.00 Rap Back enrollment) for a licensed provider.

LICENSEE INFORMATION

COMPANY NAME			LICENSEE FILE #			
TRADE NAME (IF APPLICABLE)						
ADDRESS (PHYSICAL ADDRESS)			CITY		STATE	ZIP CODE
DAYTIME PHONE #		FAX #		E-MAIL ADDRESS		

QUALIFYING AGENT INFORMATION

FIRST NAME		MI	LAST NAME		SUFFIX	SSN	
HOME ADDRESS (NO P.O. BOXES)				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
CITIZENSHIP		SCARS AND MARKS					
HIRE DATE		DATE FINGERPRINTS SUBMITTED			AUTHENTICATION #		

PREVIOUS ADDRESS (Please list residences for past ten years, if different from above. Attach additional sheets if necessary.)

PREVIOUS HOME ADDRESS			BEGIN DATE	END DATE
CITY	STATE	ZIP CODE	COUNTY	
PREVIOUS HOME ADDRESS			BEGIN DATE	END DATE
CITY	STATE	ZIP CODE	COUNTY	
PREVIOUS HOME ADDRESS			BEGIN DATE	END DATE
CITY	STATE	ZIP CODE	COUNTY	
PREVIOUS HOME ADDRESS			BEGIN DATE	END DATE
CITY	STATE	ZIP CODE	COUNTY	

EMPLOYMENT INFORMATION (Please list your employment for the past seven years. Law enforcement employment will be considered towards your qualifying experience. If you worked in law enforcement prior to the past seven years, please include this work experience. Attach additional sheets if necessary.)

COMPANY NAME			START DATE	END DATE
ADDRESS				
CITY	STATE	ZIP CODE	JOB TITLE	
JOB DUTIES				

COMPANY NAME			START DATE	END DATE
ADDRESS				
CITY	STATE	ZIP CODE	JOB TITLE	
JOB DUTIES				

COMPANY NAME			START DATE	END DATE
ADDRESS				
CITY	STATE	ZIP CODE	JOB TITLE	
JOB DUTIES				

COMPANY NAME			START DATE	END DATE
ADDRESS				
CITY	STATE	ZIP CODE	JOB TITLE	
JOB DUTIES				

EXPERIENCE:

- Do you have an associate or baccalaureate degree from an accredited institution in criminal justice or related field? (If yes, attach a copy of degree or transcript.) Yes No
- Are you currently a commissioned peace officer? (If yes, attach an OPOTC Certificate or a copy of your Ohio Peace Officer Basic Training Certificate.) Yes No
- Have you practiced law within the past two years? (If yes, attach a certificate of good standing from the Office of Attorney Services.) Yes No
- Do you have military police experience? (If yes, attach a copy of your DD214 or current military ID and proof of military occupation specialty.) Yes No
- Are you, or have you ever been, licensed as a qualifying agent for a licensed private investigation or security service company in Ohio? Yes No

COMPANY NAME	LICENSE #
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COMPANY NAME	LICENSE #

- Are you, or have you ever been, licensed as a qualifying agent or a registered employee for a private investigation or security service company in any other state? Yes No
(If yes, attach a copy of your license or registration from each state. Attach additional sheets if necessary.)

COMPANY NAME	STATE ISSUED
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BACKGROUND INFORMATION

- 1. Have you ever had a license to practice a private investigation and security services profession denied, suspended or revoked, or been subject to other disciplinary action in this or any other state? Yes No
(If Yes, attach an explanation.)
- 2. Have you ever been convicted of or do you have a pending felony charge? Yes No
(If Yes, attach final court journal entry copies with dates and an explanation of situation.)
- 3. Have you ever been adjudicated incompetent under Ohio Revised Code Section 5122.301? Yes No
(If Yes, attach final court journal entry copies restoring you to legal capacity.)

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

STOP! Do not submit an application without the following requirements!

- 2 x 2 passport style color photograph no more than one year old.
- BCI Fingerprint background check.
- FBI Fingerprint background check if applying for Firearm-Bearer Notation.
- If applying for Firearm-Bearer Notation, a Firearm-Bearer Notation Application (PSU 0016) must be submitted with the \$15.00 fee, an OPOTC Private Security Training Certificate or if law enforcement, submit OPOTC Peace Officer Basic Training Certificate and current requalification firearm score sheet.
- Provide copy of college degree or transcript, letters of good standing, and DD214 or military ID, if applicable.
- Five (5) character reference letters from individuals not related to you by blood or marriage. The letters must state how they know you, how many years they have known you (minimum of five years), and they must be signed and dated by the individual.
- Out-of-State licenses or registrations - submit a copy of the license or registration card from each of these states including issue and expiration dates, and if there are any disciplinary actions on file.
- Submit check or money order for \$30 (\$25 for qualifying examination and \$5 for Rap Back enrollment) made payable to Ohio Treasure of State.
- The form is 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.

Once this application and all required information is received and reviewed, you will be contacted and scheduled for the Qualifying Agent Examination.

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, suspension, or revocation of my registration. I authorize PISGS to enroll me in the retained applicant fingerprint database and, as a result, I understand PISGS will continually monitor my criminal history for any new arrest information.

PRINT NAME OF APPLICANT	SIGNATURE OF APPLICANT X	DATE
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