



OHIO DEPARTMENT OF PUBLIC SAFETY
PRIVATE INVESTIGATOR SECURITY GUARD SERVICES

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PISGS

QUALIFYING AGENT FIREARM-BEARER NOTATION APPLICATION

Use this form to file new and current firearm-bearer (FAB) notation and FAB requalification.

- This form is interactive: you may type your responses directly onto the form before printing. 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 NOT be returned for correction. Include a copy of your most recent OPOTC certification: your application cannot be completed until it has been received.
- A check or money order, made payable to **Ohio Treasurer of State**, MUST be remitted with this application. **Cash is not accepted.**

| PURPOSE OF APPLICATION (CHECK ONE) | | | | WEAPON TYPE | |
|---|---------------------|-----------|-----------------------|---|------------------------|
| <input type="checkbox"/> \$15.00 Initial Application (Must be received with PSU 0007) | | | | <input type="checkbox"/> Revolver | |
| <input type="checkbox"/> \$15.00 Requalification / Initial FAB on Approved Qualifying Agent | | | | <input type="checkbox"/> Semi-Automatic | |
| | | | | <input type="checkbox"/> Shotgun | |
| LICENSEE INFORMATION | | | | | |
| COMPANY NAME | | | LICENSEE FILE NUMBER | | |
| TRADE NAME | | | | | |
| PHYSICAL ADDRESS | | | CITY | STATE | ZIP CODE |
| DAYTIME PHONE NUMBER () - | FAX NUMBER () - | | E-MAIL ADDRESS | | |
| QUALIFYING AGENT INFORMATION | | | | | |
| FIRST NAME | MI | LAST NAME | | SUFFIX | SOCIAL SECURITY NUMBER |
| HOME ADDRESS (NO P.O. BOXES) | | | | HOME PHONE NUMBER () - | |
| CITY | | STATE | ZIP CODE | COUNTY | |
| HEIGHT | WEIGHT LBS. | | HAIR COLOR | | EYE COLOR |
| SCARS AND MARKS | | | | | |
| DATE FINGERPRINTS SUBMITTED | | | AUTHENTICATION NUMBER | | |
| CERTIFICATION | | | | | |
| <input type="checkbox"/> I have <input type="checkbox"/> I have not been convicted of a felony. | | | | | |

I affirm that the information within and attached hereto this application is complete and accurate. I authorize PISGS to enroll me in the retained applicant fingerprint database (rapback). I understand that my criminal history will be continually monitored, and any new arrest will be reviewed by PISGS.

| | | |
|--------------------------------|---|------|
| PRINT NAME OF QUALIFYING AGENT | SIGNATURE OF QUALIFYING AGENT X | DATE |
|--------------------------------|---|------|