



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 BRANCH OFFICE APPLICATION

FILING INSTRUCTIONS

- Incomplete applications and applications that are filled out improperly will NOT be returned for correction. Please make a copy for your records.
- Complete only one form for each branch location.
- A check or money order for **\$100**, made payable to **Ohio Treasurer of State**, MUST be remitted with this application. **Cash is not accepted.**
- You must submit a certificate of insurance acord listing the branch office address with this application and list the certificate holder as: PISGS, P.O. Box 182001 Columbus, Ohio 43218.

MAIN OFFICE INFORMATION

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

BRANCH OFFICE INFORMATION

PHYSICAL ADDRESS (NO P.O. BOXES)				
CITY	STATE	ZIP CODE	COUNTY	
PHONE #	FAX #	E-MAIL ADDRESS		

BRANCH 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				

BRANCH CONTACT PERSON (REQUIRED)

FIRST NAME		LAST NAME		
PHONE #	FAX #	E-MAIL ADDRESS		

PRINT NAME OF QUALIFYING AGENT	SIGNATURE OF QUALIFYING AGENT	DATE
	X	