



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

MULTIPLE CHANGE APPLICATION

- Submit this form when requesting a replacement license or when adding, changing, or removing a Trade Name, a business contact person, and the physical or mailing address of the business.
- Incorrect or incomplete applications will NOT be returned for correction.

CURRENT INFORMATION

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

REPLACEMENT LICENSE

A check or money order for \$25.00, made payable to Ohio Treasury of State, **MUST** be submitted with this application if requesting a replacement license due to the business license being lost, damaged or stolen. **Cash is not accepted.**

TRADE NAME

<input type="checkbox"/> ADD	No fee. A certificate from the Ohio Secretary of State (SOS) affirming that the trade name (not fictitious name) is registered must be submitted with this application. The wall license must be returned with this application. A new license will be issued.
<input type="checkbox"/> CHANGE	No fee. A certificate from the Ohio Secretary of State (SOS) affirming that the trade name (not fictitious name) is registered must be submitted with this application. The wall license must be returned with this application. A new license will be issued.
<input type="checkbox"/> REMOVE	No fee. The wall license must be returned with this application. A new license will be issued.
TRADE NAME	

PHYSICAL BUSINESS ADDRESS

CHANGE No fee. The wall license must be returned with this application. A new license will be issued.

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

MAILING ADDRESS

CHANGE No fee.

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

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

CONTACT PERSON

CHANGE No fee.

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

PRINT NAME OF QUALIFYING AGENT	SIGNATURE OF QUALIFYING AGENT X	DATE
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