



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 LICENSE RENEWAL

- Incomplete applications and applications that are filled out improperly will NOT be returned for correction.
- A check or money order for **\$275**, made payable to **Ohio Treasurer of State**, MUST be remitted with this application. **Cash is not accepted.**
- The qualifying agent(s) must submit a Qualifying Agent Renewal form (PSU 0053) with this application (required).
- All renewal forms and supporting documents must be postmarked by midnight March 1 or your license will expire in accordance with Ohio Revised Code (R.C.) 4749.

### 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

### LICENSEE INFORMATION

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

### OWNER INFORMATION

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

**COMPANY OFFICERS (REQUIRED)** List current company officers in the order reflected below including all qualifying agents. If additional lines are needed, attach a separate sheet of paper. If no one holds that office, indicate 'none'.

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!**

- If you have employees, Ohio Bureau of Workers' Compensation (BWC) certificate of premium payment showing current coverage. For businesses with no employees, provide a signed and dated letter on company letterhead stating such. Call (800) 644-6292, Web site [www.bwc.ohio.gov/employer/default.asp](http://www.bwc.ohio.gov/employer/default.asp) or reprint your certificate at [www.bwc.ohio.gov/formslogin.aspx?ReturnURL=%2Femployer%2Fservices%2FCertCovReprints%2Fsecure%2FCertCovReprints0%2Easp](http://www.bwc.ohio.gov/formslogin.aspx?ReturnURL=%2Femployer%2Fservices%2FCertCovReprints%2Fsecure%2FCertCovReprints0%2Easp)
- If you have employees, proof of unemployment insurance coverage letter from Ohio Department of Jobs and Family Services (ODJFS), contact (614) 466-2319, extension 22487. If you believe you are not required to obtain this coverage, contact ODJFS for a current non-labile account letter.
- Letter of good standing or Full Force and Effect for the company name from the Ohio Secretary of State (SOS) dated no earlier than January 1 of this year. Letters can be requested directly from their Web site at [www.sos.state.oh.us/SOS/Businesses/BusinessInformation/cogs.aspx](http://www.sos.state.oh.us/SOS/Businesses/BusinessInformation/cogs.aspx) or call (614) 466-3910 or (877) 767-3453. LLC, LLP, and partnerships will submit a Full Force and Effect instead of a letter of good standing for their company. Sole Proprietors are exempt from this requirement.
- Any licensee using a trade name must provide a Full Force and Effect dated no earlier than January 1 of this year from the SOS; Web site [www.sos.state.oh.us/SOS/Businesses/BusinessInformation/cogs.aspx](http://www.sos.state.oh.us/SOS/Businesses/BusinessInformation/cogs.aspx) or call (614) 466-3910.
- A copy of your current 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.
- Submit Provider License Renewal form (PSU 0012) for each branch license (no fee).
- Submit Qualifying Agent Renewal form (PSU 0053) for each Qualifying Agent with the \$5 fee.
- Submit check or money order made payable to the Ohio Treasurer of State.
- Make sure all forms are signed and dated.
- Make a copy for your records before submitting.

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 license.

PRINT NAME OF QUALIFYING AGENT	SIGNATURE OF QUALIFYING AGENT <b>X</b>	DATE
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