



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 RENEWAL

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.**
- This form must be submitted with the Provider License Renewal form (PSU 0012).
- If you need to renew your firearm bearer notation, PSU 0016 must be completed and submitted with the appropriate fees.
- **Renewal fee is \$5.00.**

### 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 RENEWAL INFORMATION

FIRST NAME	MI	LAST NAME		SUFFIX	QA REGISTRATION CARD #	
HOME ADDRESS (NO P.O. BOXES)		PHONE #		DATE OF BIRTH		SSN (last four only)
CITY			STATE	ZIP CODE	COUNTY	
SCARS AND MARKS			HEIGHT	WEIGHT LBS.	HAIR COLOR	EYE COLOR

### NAME CHANGE REQUESTS Complete former name information if applying for a name change. Include copy of new Social Security Card.

FORMER FIRST NAME	FORMER MIDDLE NAME	FORMER LAST NAME
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### 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

### CERTIFICATION

I have not been convicted of a felony within the last year.  I hereby certify that I continue to meet the qualifications of (R.C.) 4749.06.

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