



ARIZONA DEPARTMENT OF PUBLIC SAFETY

Arizona Department of Public Safety • PO Box 6328 MD 3140 • Phoenix, AZ. • 85005-6328.

PRIVATE INVESTIGATOR REGISTRATION APPLICATION

INSTRUCTIONS

1. Check **ONLY ONE** box below
2. Complete the application BEFORE mailing.
3. PRINT or TYPE ALL INFORMATION requested.
4. Fill in all spaces. Print "DNA" or "does not apply" in areas which you have no information to provide.
5. Mail this application, fingerprint card, appropriate training form(s), photographs, and fees to the **Arizona Department of Public Safety Licensing Unit.**
6. Application must be signed. Unsigned applications will be returned.

Include a \$10 late fee if past the expiration date

- Initial PI employee application *
 Initial PI associate application *¹
 Additional PI employer application *¹
 Renewal PI employee application *¹
 Renewal PI associate application *¹

PLEASE INCLUDE A PHOTOCOPY OF A GOVERNMENT ISSUED IDENTIFICATION CARD: Driver's license, Passport, Etc.

*** APPLICANTS MUST INCLUDE AN ADDITIONAL \$22 FOR THE FBI FINGERPRINT PROCESSING FEE**

The applicant's fingerprints will be used to check the criminal history records of the FBI. The procedures for obtaining a change, correction, or updating of your criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

¹ Associate is defined as partner or corporate officer in a private investigation agency.

PART A

EMPLOYER / LICENSEE TO COMPLETE THIS SECTION

AGENCY NAME:				AGENCY LICENSE NUMBER:			EXPIRATION DATE:	
BUSINESS STREET ADDRESS:				SUITE:	CITY:	STATE	ZIP CODE	BUSINESS PHONE NUMBER
PRINTED NAME OF AUTHORIZED SIGNER						TITLE OF SIGNER		
<i>By signing below, I certify that I intend to employ the applicant named below, after his/her application has been processed and approved by the Arizona Department of Public Safety.</i>								
_____ Authorizing Signature						_____ Date of Signature		

PART B

EMPLOYEE / APPLICANT TO COMPLETE THIS SECTION

LAST NAME			FIRST NAME			MIDDLE NAME		
LIST OTHER NAME(S) YOU HAVE USED						SOCIAL SECURITY NUMBER		
STATE/COUNTRY OF BIRTH	BIRTH DATE (MM / DD / YYYY)	HEIGHT	WEIGHT	SEX	MALE <input type="checkbox"/>	EYE COLOR	HAIR COLOR	FEMALE <input type="checkbox"/>
		FT. IN.	LBS.					
HOME STREET ADDRESS				APT. NO.	CITY	STATE	ZIP CODE	
MAILING ADDRESS (STREET OR P.O. BOX)				APT. NO.	CITY	STATE	ZIP CODE	
HOME PHONE NUMBER	CELL PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS					

IF APPLYING FOR A NEW PRIVATE INVESTIGATOR EMPLOYEE REGISTRATION, RENEWAL OF A PRIVATE INVESTIGATOR EMPLOYEE REGISTRATION, OR AS A PRIVATE INVESTIGATOR ASSOCIATE, YOU MUST ANSWER THE FOLLOWING QUESTIONS:

ARE YOU A PEACE OFFICER OR RESERVE PEACE OFFICER? YES NO

ARE YOU AN ARIZONA DEPARTMENT OF PUBLIC SAFETY EMPLOYEE, RESERVE OR VOLUNTEER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, OR CURRENTLY HAVE A CHARGE PENDING? YES NO
IF YES, Please Explain:

YOU MUST SIGN THIS APPLICATION! UNSIGNED APPLICATIONS WILL BE RETURNED!

I certify that all of the information and statements on this form are true and correct. I understand that I may be charged with a criminal offense for making false statements or omitting information on this application.

If you are aware the enclosed payment exceeds the amount due, and the overpayment is \$10.00 or less, signing this application indicates your agreement to have the excess funds donated to the STATE GENERAL FUND. Fees are subject to change and are not refundable per A.R.S.§41-1750.J.

X

Applicant's Signature

Date of Signature

FOR AZ DPS USE ONLY

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Rev. 08-03-2016

ISSUE DATE	EXP DATE	REG NO.	ACTIVE AGENCY <input type="checkbox"/>	AUTH SIGN <input type="checkbox"/>	WORK COMP <input type="checkbox"/>	DPS BADGE
DATE		REMARKS				