



ARIZONA DEPARTMENT OF PUBLIC SAFETY

2222 W. ENCANTO BLVD. P.O. BOX 6328 MD 3140, PHOENIX. AZ 85005-6328 (602) 223-2361

"Courteous Vigilance"

DOUGLAS A. DUCEY HESTON SILBERT
Governor Director

Your private investigation agency's name

QUALIFYING PARTY RESPONSIBILITIES

Please initial in the boxes after reading each statement below:

- I understand that I am responsible for ensuring that my private investigation agency license is renewed before it expires. I may submit my renewal application up to 60 days before the expiration date.
- I understand that if I fail to submit a renewal application before my private investigation agency license expires, I and everyone associated with the agency must cease performing private investigation services subject to regulation and I must return to the Department all identification cards with my lapsed agency license number within five days after my private investigation agency license expired.
- I understand that if I fail to submit a renewal application before my private investigation agency license expires, I may submit a renewal application within 90 days after the expiration date but must pay a \$100 penalty for late renewal.
- I understand that if I fail to submit a renewal application within 90 days after my private investigation agency license expires, I can resume business only by applying for and receiving a new private investigation agency license.
- I understand that I may not operate from an address other than that on the agency license. I understand that I am required to inform the Department in writing within 30 days of a change in the agency address.
- I understand that if I want to operate the agency from two or more locations, I must apply to the Department for a branch office certificate. I understand that I am required to inform the Department in writing within 15 days of a change in the address of a branch office.
- I understand that my private investigation agency is restructured if the name or form in which the agency does business changes. I understand that I must submit an application for restructure to the Department and unless the restructuring occurs at the time of license renewal, there is a \$100 restructure fee.
- I understand that the Department will communicate with me using the information that I have supplied. To ensure timely communication, it is my responsibility to inform the Department of any change in my name, address, or telephone number.
- I understand that I am responsible for being aware of and complying with all legislative and regulatory changes relating to a private investigation agency.

- I understand that it is my responsibility as the qualifying party to ensure all employees meet the qualifications of A.R.S. §32-2422 (A)(2), Be a citizen or legal resident of the United States who is authorized to seek employment in the United States.
- I understand that I am responsible for ensuring that all employees of my private investigation agency are registered as required by law.
- I understand that I am required to maintain records of an employee for five years after the employee terminates employment.
- I understand that if an employee terminates employment, I am responsible for returning the employee's identification card to the Department within five business days.
- I understand that if I have employees, I am required by law to maintain workers' compensation insurance. I understand that I am required to provide the Department with a current workers' compensation insurance certificate that names the Department as the certificate holder.
- I understand that I am required to maintain a surety bond in the amount of \$2,500 and that if the surety bond is canceled, my private investigation agency license is also canceled.

I acknowledge that by placing my initials beside each of the statements listed above and signing below, I am indicating that I have read and understand each of the statements.

 Print Name of Qualifying Party (*Print Legibly*)

 Signature of Qualifying Party

 Date of Signature

ACKNOWLEDGMENT

THE STATE OF _____)

County of _____)

On this _____ day of _____, 20____, before me personally

appeared, _____, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.

(Seal)

 Notary Public in and for (State)

My commission expires _____