



ARIZONA DEPARTMENT OF PUBLIC SAFETY

Arizona Department of Public Safety • PO Box 6328 MD 3140 • Phoenix, AZ • 85005-6328 • (602) 223-2361

PRIVATE INVESTIGATOR ASSOCIATE REGISTRATION APPLICATION

Initial PI Associate *.1

New PI Associate *.2

Renew PI Associate *

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

APPLICANT MUST BE A US CITIZEN OR LEGAL RESIDENT WHO IS AUTHORIZED TO SEEK EMPLOYMENT IN THE UNITED STATES.

* Include the fingerprint processing, also include the Late Fee if past expiration date. See fee schedule for pricing.

1 Initial PI Associate is an Applicant that has never applied for a PI Associate registration card in Arizona.

2 New PI Associate is an Applicant that has previously applied for a PI Associate registration card in Arizona, but does not have active PI Associate cards.

The DPS Licensing Unit only accepts: Money orders, Cashiers' checks, Agency's business checks, or Cash in the exact amount.

PART A - Employer Complete this section	AGENCY NAME:		AGENCY LICENSE NUMBER:		EXPIRATION DATE:		
	MAILING ADDRESS OF AGENCY:		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 - Associate/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		EYE COLOR		HAIR COLOR	
					FT.		IN.		LBS.		MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>	
	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							

APPLICATIONS SUBMITTED WITHOUT THE FOLLOWING QUESTIONS ANSWERED WILL BE RETURNED.

I HAVE INCLUDED A COPY OF DOCUMENT(S) SHOWING I AM A UNITED STATES CITIZEN OR LEGAL RESIDENT OF THE UNITED STATES WHO IS AUTHORIZED TO SEEK EMPLOYMENT IN THE UNITED STATES? YES NO

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

I HAVE READ THE FBI FINGERPRINT PRIVACY ACT STATEMENT? 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 DPS USE ONLY		FOR DPS USE ONLY		FOR DPS USE ONLY								
DATE ISSUED	EXPIRATION DATE	REG. NUMBER	AUTH	CITZ	QTNS		FEE	FP/C	PICT	LIA	WC	BT
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										PHOTO NUMBER		
										DPS BADGE NUMBER		