



ARIZONA DEPARTMENT OF PUBLIC SAFETY

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

PRIVATE INVESTIGATOR EMPLOYEE REGISTRATION APPLICATION

Initial PI Employee ^{*,1} New PI Employee ^{*,2} Renew PI Employee * Additional PI Employer *

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 Employee is an Applicant that has never applied for a PI Employee registration card in Arizona.

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

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

PART A – Employer <i>Complete this section</i>	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>							
_____ <i>Authorizing Signature</i>				_____ <i>Date of Signature</i>				

PART B – Employee/Applicant <i>To complete this section</i>	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
					FT.	IN.	LBS.		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	