



ARIZONA DEPARTMENT OF PUBLIC SAFETY

PRIVATE INVESTIGATION QUALIFYING PARTY RESPONSIBILITIES

Physical Address

Arizona Department of Public Safety
Public Services Center
2222 West Encanto Boulevard
Phoenix, Arizona 85009

Mailing Address

Arizona Department of Public Safety
SGPI Licensing Unit
P.O. Box 6328, MD 3140
Phoenix, AZ 85005-6328

Fax: (602) 223-2938

Phone: (602) 223-2361

Email: licensing@azdps.gov

AGENCY NAME

PLEASE INITIAL IN THE BOXES AFTER READING EACH STATEMENT BELOW

I understand that I am responsible to renew my private investigation agency license BEFORE it expires. I may submit my renewal application up to 60 days before the expiration date.

I understand that if I do NOT submit a renewal application before my private investigation agency license expires, I, and everyone associated with the agency, must STOP 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 I am required 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 I must pay a \$100 late renewal penalty.

I understand that if I do not submit a renewal application within 90 days after my private investigation agency license expires, I MUST apply for and receive a new private investigation agency license BEFORE I can resume business operations.

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 send written notice to the Department within 15 days of a change in the address of a branch office.

I understand that if the name or form in which the agency does business changes, I must submit an application for restructure to the Department. 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 I am responsible for ensuring that all employees of my private investigation agency are registered as required by law.

I understand that it is my responsibility as the qualifying party to ensure all employees meet the qualifications of A.R.S. §32-2622(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 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, the law requires that I maintain workers' compensation insurance. I understand that the worker's compensation insurance certificate must name the Department as the certificate holder. I must provide the Department with the current certificate.

I understand that I am required to maintain liability insurance that provides at least \$100,000 coverage for any one person and \$300,000 coverage for any one event. I understand that the liability insurance certificate must name the Department as the certificate holder. I must provide the Department with the current certificate.

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 understood each of the statements.

NAME OF QUALIFYING PART (Print Legibly)

DATE OF SIGNATURE

SIGNATURE OF QUALIFYING PARTY

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: _____