ARIZONA DEPARTMENT OF PUBLIC SAFETY

PRIVATE INVESTIGATOR 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
Licensing Unit
P.O. Box 6328, MD 3140
Phoenix, AZ 85005-6328

Phone: (602) 223-2361

Email: Agencies@azdps.gov

AGENCY NAME

PLEASE INITIAL IN THE BOXES AFTER READING EACH STATEMENT BELOW

☐ I understand that I am responsible for renewing my agency license **BEFORE** it expires. I may submit my renewal application up to 180 days before the expiration date.

☐ I understand that if I do **NOT** submit a renewal application before my 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 agency license expired.

☐ I understand that I am required to submit a renewal application before my agency license expires. I may submit a renewal application after the expiration date, but I must pay a late renewal penalty.

☐ 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 restructuring fee.

☐ I understand that it is my responsibility to inform the Department of any change in my name, address, or telephone number to ensure timely communication.

☐ 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 agency are registered as required by law.

☐ I understand that I am responsible for being aware of and complying with all legislative and regulatory changes relating to an agency.

☐ 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 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 I am required to maintain a surety bond in the amount of $2,500. 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 PARTY (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: _____