

## MONTANA BOARD OF PRIVATE SECURITY

301 South Park  
P. O. Box 200513  
Helena, Montana 59620-0513  
(406) 841-2348 FAX (406) 841-2309  
EMAIL: [dlibsdp@mt.gov](mailto:dlibsdp@mt.gov)  
WEB SITE: [www.privatesecurity.mt.gov](http://www.privatesecurity.mt.gov)

### PRIVATE INVESTIGATOR TRAINEE INSTRUCTIONS (application follows)

Please allow 21 to 30 days to process a complete application from the time it is received in the board office. If the application is incomplete or fingerprints are rejected, the application process will be delayed.

#### LICENSURE SPECIALTIES:

Armed (optional)

#### LICENSING REQUIREMENTS:

- ✓ Applicant must be at least 18 years of age
- ✓ Applicant must be a citizen or legal permanent resident of the United States
- ✓ Applicant must be employed and supervised by a private investigator licensed in Montana
- ✓ Applicant must submit an application form and fees
- ✓ Applicant must submit a completed fingerprint card
- ✓ Applicant must submit a full-face passport-type photograph of head and shoulders with signature in space provided
- ✓ Applicant must submit a supervisory agreement signed by the licensed private investigator that employs and supervises the PIT

#### FEES FOR LICENSURE:

Application fee	\$100.00
Fingerprint Processing Fee	<u>\$ 32.00</u>
<b>Total:</b>	<b>\$ 132.00</b>

Armed Endorsement (optional) \$ 25.00 (Do not send this fee with this application, it will be collected at the time of license renewal if applicable)

Make check or money order payable to the Montana Board of Private Security  
Application fees are non-refundable  
**DO NOT SEND CASH**

#### ARMED STATUS:

Applicants requesting armed status must successfully pass a certified firearms course administered by a Board Certified Firearms Instructor. A firearms training completion certificate must be submitted with the application to the Board office.

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### PRIVATE INVESTIGATOR TRAINEE APPLICATION

**Fees for licensure:**

Application fee	\$100.00
Fingerprint Processing Fee	\$ 32.00
<b>Total:</b>	<b>\$132.00</b>

Armed Endorsement \$ 25.00 (Do not send this fee with this application, it will be collected at the time of license renewal if applicable)

Make check or money order payable to the Montana Board of Private Security  
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**DO NOT SEND CASH**

Indicate below which license type you are applying for:  
\_\_\_\_\_ Private Investigator Trainee

Indicate below if you are requesting armed status:  
\_\_\_\_\_ Armed

Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle

Other Name(s) Known By \_\_\_\_\_

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Personal Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Supervising Private Investigator Information

Name \_\_\_\_\_ License# \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**All applicants must answer the following questions.**

If you answer **YES**, attach a detailed explanation identifying **each occasion, the date and substance of the allegation, all agency documents, orders, final orders, stipulations and consent and/or settlement agreements.**

If you fail to include the above-referenced information in its entirety, the processing of your application may be substantially delayed.

- 1. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?.....  Yes  No
- 2. Has your license ever been forfeited or surrendered? .....  Yes  No
- 3. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?..  Yes  No
- 4. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession/occupation?.....  Yes  No
- 5. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? .....  Yes  No
- For questions 6 – 13, you may omit charges and convictions prior to your 16<sup>th</sup> birthday
- 6. Do you have criminal charges pending? .....  Yes  No
- 7. Have you ever pled guilty? .....  Yes  No
- 8. Have you ever been convicted of a crime?.....  Yes  No
- 9. Have you ever entered a plea of no contest or nolo contendere? .....  Yes  No
- 10. Have you ever had a deferred prosecution? .....  Yes  No
- 11. Have you ever had a suspended sentence? .....  Yes  No
- 12. Do you have an appeal pending? .....  Yes  No
- 13. Have you ever been convicted of any type of DUI (per se, or otherwise)? .....  Yes  No
- 14. Have you ever been charged with fraud, formally or informally, in any civil proceeding? .....  Yes  No
- 15. Have you any physical or mental condition which has adversely affected your ability to practice this profession/occupation? .....  Yes  No
- 16. Have you ever used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession/occupation? .....  Yes  No
- 17. Have you had any traffic violations in the past five years. If yes, list all violations.....  Yes  No  
You may omit traffic violations for which you paid a fine of \$100 or less.
- 18. Are you a citizen or legal permanent resident of the United States.....  Yes  No
- 19. Do you currently hold any type of professional license in Montana or another state? .....  Yes  No

If "Yes", provide the following information:

State/Province/Territory	License #	Date Issued	Is License Current	Type of License
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List your experience below:

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List three references below (name, address, and phone number):

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List the last five years of your employment history:

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**AFFIDAVIT**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Private Security Patrol Officers and Investigators.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana license is issued to me, I agree to conduct myself in accordance with the laws of Montana and the rules of the Board of Private Security Patrol Officers and Investigators.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Dated

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

SEAL

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

For the State of \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_.



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**Signature required on above line (for ID card)**

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Private Investigator Trainee Supervisor Agreement

I, \_\_\_\_\_  
Printed Name of Supervising Private Investigator License No.

agree that as a licensed private investigator with the Montana Board of Private Security Patrol Officers and Investigators, I will provide employment and direct supervision, and set forth the scope of the duties and training, of \_\_\_\_\_ as a  
Printed Name of Private Investigator Trainee

private investigator trainee. I further agree that I will **ACTIVELY SUPERVISE AND TRAIN** the applicant during the time the applicant remains under my supervision as a private investigator trainee. I will be responsible for all actions of the trainee licensee. This agreement can be terminated with the consent of either party and by written notification to the Montana Board of Private Security Patrol Officers and Investigators.

\_\_\_\_\_  
Private Investigator Trainee Date

\_\_\_\_\_  
Supervising Private Investigator Date