

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
WEB SITE: www.privatesecurity.mt.gov

PRIVATE INVESTIGATOR 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 21 years of age
- ✓ Applicant must be a citizen or legal permanent resident of the United States
- ✓ Applicant must submit proof of three years (5,400 hours) experience
- ✓ Applicant must have a high school education or its equivalent
- ✓ Applicant must not have been dishonorably discharged from any branch of the United States military service
- ✓ Applicant must submit completed an application form and fees
- ✓ Applicant must submit completed a fingerprint card
- ✓ Applicant must submit completed a full-face passport-type photograph of head and shoulders with signature in space provided
- ✓ Applicant must pass the PI examination
- ✓ Applicant must submit proof of insurance

FEES FOR LICENSURE:

Application fee	\$200.00
Fingerprint Processing Fee	\$ 32.00
Examination Fee	\$ <u>20.00</u>
Total:	\$ 252.00

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

INSURANCE:

Private investigators shall maintain a minimum of \$500,000 occurrence form of commercial general liability which includes personal injury. If licensed with armed status, private investigators shall be covered by liability for firearms coverage.

EXAMINATION:

Applicants must pass the private investigator examination prior to being approved for licensure.

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 APPLICATION

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Indicate below which license type you are applying for:

Private Investigator

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 _____ Preferred Mailing Address: _____ Home _____ Business _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Personal Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

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 16th 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 three years of applicable experience below:

List the last five years of your employment history below:

List the names and telephone numbers of three references below.

(References must not be related to the applicant by blood or marriage. Two of the three references must be former employers, individuals or firms with which the applicant had a contractual working agreement if self-employed, or individuals or firms having knowledge of the agreement or working relationship.)

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 _____, _____.



Signature required on above line (for ID card)