

APPLICANT INFORMATION

Status of this Application: New Application Upgrade Transfer (Registrations Only!)

1. Applying for Licensing as: (Check all that apply) <input type="checkbox"/> Private Detective <input type="checkbox"/> Private Detective Agency <input type="checkbox"/> Provider of Private Security <input type="checkbox"/> Private Security Agency <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Armed Certification	2. Applying for Registration as: (Check all that apply) <input type="checkbox"/> Apprentice Security Officer <input type="checkbox"/> Security Officer <input type="checkbox"/> Commissioned Security Officer <input type="checkbox"/> Registered Investigator <input type="checkbox"/> Armed Certification
2A. Applying for Certification as: (Check all that apply): <input type="checkbox"/> Security Trainer (Attach course curriculum, documentation of training experience, and applicant's resume) <input type="checkbox"/> Weapons Instructor (Attach course curriculum, documentation of training experience, and applicant's resume) <input type="checkbox"/> Armed First Responders in Schools or Ambulance or Firefighter Crew Training Program Instructor (must include application Page 7)	
3. Name of Applicant:	4. Other Names Now or Previously Used:
5. Home Address: E-Mail Address:	6. City/State Zip Code:
7. Home Telephone Number: _____ / _____ - _____ Office Telephone Number: _____ / _____ - _____	8. Social Security Number: _____ - _____ - _____
9. Date of Birth:	10. Place of Birth: (City, State, Zip Code)
11. Are you a high school graduate or do you hold the equivalent of a high school diploma (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Current (Employer) Company Applying With: _____ (Name) _____ (Address)	13. Total Hours of: Private <u>Investigative</u> Service Private <u>Security</u> Service _____ Hours _____ Hours Supply supporting documentation
14. Do you have any mental conditions or defects that would interfere with your ability to provide services in a professional and competent manner? <input type="checkbox"/> Yes (Supply Narrative) <input type="checkbox"/> No	15. Are there any Criminal Actions Pending Against You? <input type="checkbox"/> Yes (Supply Narrative) <input type="checkbox"/> No
16. AT ANY TIME IN YOUR LIFE, have you been arrested for, or charged with, ANY CRIMINAL OFFENSES? (This INCLUDES ANY criminal offenses for which you received a DEFERRED sentence, EVEN if it was later DISMISSED. (Include NSF charges) Failure to disclose ANY offense may result in denial of Registration, License and/or Certification <input type="checkbox"/> Yes (Attach Narrative including date, offense, etc.) <input type="checkbox"/> No	17. Have You Ever Been or are you required to register as a Sexual Offender and/or an Offender against Children? <input type="checkbox"/> Yes (Attach Narrative including date, offense, etc.) <input type="checkbox"/> No
18. Have you ever been found by a court to have committed a juvenile offense involving conduct that would be a crime if committed by an adult? <input type="checkbox"/> Yes (Attach Narrative including date, offense, etc.) <input type="checkbox"/> No	19. Have You Ever Been Convicted of a Crime Involving Domestic Violence? <input type="checkbox"/> Yes (Attach Narrative including date, offense, etc.) <input type="checkbox"/> No
20. Law Enforcement Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Not applicable	21. List all professional licenses you hold or ever have held:
22. List any past or present disciplinary actions or complaints against you:	23. Do you Intend to Carry a Firearm While Providing Security and/or Investigative Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Must attach page 5 application form.
23A. If yes, are you prohibited from using or possessing a firearm? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Do You have Proof of Insurance on File with The North Dakota Private Investigation & Security Board? <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are you a licensee in another state who is a spouse of a member of the armed forces of the U.S., or a reserve component of the U.S. stationed in ND in accordance with military orders or stationed in ND before a temporary assignment to duties outside of this state? <input type="checkbox"/> Yes – Submit a copy of military orders and current military ID for the military member <input type="checkbox"/> No	

I hereby certify, under penalty of perjury, that the information contained herein is true. I understand that failure to disclose pertinent information is a crime and may be cause for denial of registration or licensure.

Applicant's Signature

Date of Application

FEES:

Security Provider: \$150.00
 Detective Agency: \$300.00
 Security Trainer: \$25.00
 Criminal Record Searches: \$40.00
 Duplicate License Fee: \$20.00

Security Agency: \$300.00
 Registered P.I.: \$30.00
 Weapons Instructor: \$25.00
 Transfer or Upgrades: \$30.00

Private Detective: \$150.00
 Armed Certification: \$30.00
 Apprentice/Security/Commissioned Officer: \$30.00
 Application and Testing Fee: \$100.00

Armed First Responder In School or Ambulance or Firefighter Crew Training Program Course Certification: \$400.00