

EMPLOYEE REGISTRATION INFORMATION

This application must be filed by the **licensee (employer)** for every employee who will be employed by the licensee (employer) as a private investigator or armed security guard. Company owners or designated license holders for corporations, LLC's, or partnerships must have an employee registration. The fee for the registration for the owner/designee is the same as for all other employees.

NOTE: Unarmed security guards are not required to be registered with the Georgia Board of Private Detective & Security Agencies; however, unarmed security guards must be trained according to the Board standards and are governed by the Board as mandated in OCGA 43-38-7.1.

This application must be submitted by the **licensee (employer)** on behalf of any employee hired to work as a private investigator or armed security guard, even if the employee has an active registration with another employer. **No employee may use an existing registration to work for a company, other than the company that is indicated on the registration.** A registration is only valid when the employee is performing investigative or armed security duties for the employer listed on the registration. The category for Reinstatement of Registration Number on the application is only to be used if the employee is reinstating a registration that has lapsed for the same employer. The employee must also physically carry the registration at all times while on duty, at the place of employment, or any time that the employee is in uniform. Armed registrations must be carried by the employee while a weapon is carried on duty, in uniform, or in route directly to and from the post or place of employment (**Board Rule 509-4-.01**).

APPLICATION PROCESSING

The application must be complete in order to process the application. Incomplete applications will be returned to the **licensee (employer)** for completion. The **licensee (employer)** is responsible for ensuring that the application is complete and correctly prepared. Failure to submit a complete application will result in unnecessary delays in processing and may be grounds for disapproval of the application by the Board. **Please list a valid email address so the Board office staff may correspond quickly with you in the event that more information is needed to complete the application.**

Fingerprinting for all applications is required through Cogent Services. The ORI number to use when registering is **GA920240Z**. The Verification Code is **920240Z**. The Reason for registering is **Private Detective/Security Business**. The website to register is <http://www.ga.cogentid.com/index.htm>.

Consent Form (Page 9): Please select 180 days from the date of signature in the first option for authorization.

Please allow 25 business days for processing the application. The timeframe allows our staff time to receive the application, perform data entry of basic information for tracking purposes, receive fingerprint results from Cogent Services, and review the details provided in the application.

Applicants who must answer **Yes** to questions concerning criminal history or disciplinary actions taken against them by any professional licensing or certification agency must submit **certified** documentation of court dispositions, agency orders, or any other documentation to provide a complete answer to such questions. Failure to provide this information will result in additional delays in processing, and may be grounds for disapproval of the application by the Board.

GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES

FEE SCHEDULE

ALL APPLICATION FEES ARE NON-REFUNDABLE

COMPANY LICENSURE FEES

INITIAL LICENSURE	APPLICATION FEE	LICENSE FEE	TOTAL FEE
Detective Company	\$100.00	\$300.00	\$400.00
Security Company	\$100.00	\$500.00	\$600.00
Detective & Security Company	\$100.00	\$700.00	\$800.00

ADDITIONAL COMPANY FEES

Replacement Fee for Lost or Destroyed License	\$ 25.00
Application Fee for Change of Company Name (Change in ownership structure, such as from a sole proprietorship to a partnership or corporation, requires a new application and licensing fees.)	\$ 25.00 per license & employee registration card reprinted
Application Fee for Change of Address (Change of address requires an updated bond or certificate of liability insurance, indicating the new address.)	\$ 25.00 per license & employee registration card reprinted
Renewal Fee - Detective Company	\$ 300.00
Late Renewal Fee – Detective Company	\$400.00
Reinstatement Fee – Detective Company	\$450.00
Renewal Fee - Security Company	\$500.00
Late Renewal Fee – Security Company	\$600.00
Reinstatement Fee – Security Company	\$750.00
Renewal Fee - Detective & Security Company	\$700.00
Late Renewal Fee – Detective & Security Company	\$800.00
Reinstatement Fee – Detective & Security Company	\$1050.00

EMPLOYEE REGISTRATION FEES

Unarmed Detective Employees	\$ 45.00
Armed Detective Employees	\$ 70.00
Armed Security Guard Employees	\$ 70.00
Armed Detective/Security Guard Employees	\$ 70.00
Renewal Fee – All Employee Registrations	\$ 65.00
Late Renewal Fee – All Employee Registrations	\$ 80.00
Fee for Additional Weapon, or Change of Weapon Type	\$ 25.00
Replacement Fee for Lost or Destroyed License	\$ 25.00

TRAINING INSTRUCTOR FEES

Certification of Training Instructor Fee	\$100.00
Renewal Fee	\$100.00
Late Renewal Fee	\$150.00
Replacement Fee for Lost or Destroyed License	\$ 25.00

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

**** (SUBMIT THIS PAGE ONLY IF YOU CHECKED THAT YOU ARE NOT A US CITIZEN ON PAGE 1) ****

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation

Name of Applicant

BACKGROUND INVESTIGATION QUESTIONNAIRE

As part of a background investigation to determine your suitability for the issuance of a registration by the Georgia Board of Private Detective & Security Agencies, you are required to answer the following questions. If you answer "Yes" to any questions, give a brief explanation of your answer, including dates and places of arrest(s) &/or conviction(s) **with documentation**. Attach additional pages, if necessary. **Convictions will require certified copies of final court dispositions to be included with this application. Failure to provide final dispositions will delay consideration of your application.**

1. Are there currently any charges pending against you for a criminal offense? YES NO

2. Are you under indictment or information in any court for a felony, or any other crime, for which a judge could imprison you for more than one year? YES NO

3. Have you been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? YES NO

4. Have you ever entered a plea pursuant to the provisions of the "Georgia First Offender Act", or any other first offender act? **You must respond "Yes", if you pled and completed probation as a First Offender.** YES NO

5. Are you a fugitive from justice? _____ YES NO
6. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? _____ YES NO

7. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs), or have you ever been committed to a mental institution? _____ YES NO

8. Have you been discharged from the Armed Forces under dishonorable conditions? YES NO

9. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? YES NO

10. Have you been convicted in any court of a misdemeanor crime of domestic violence? YES NO

11. Have you ever renounced your United States citizenship? YES NO

12. Are you an alien illegally in the United States? _____ YES NO
13. Have you, or any company in which you are or were a principal, ever been the subject of an investigation or litigation that was conducted by a federal, state, or local agency? YES NO

14. Have you ever had a professional license or certification revoked, suspended, or modified for any reason? _____ YES NO
15. Have you ever been reprimanded, placed on probation, or otherwise disciplined by a professional licensing or certification body? _____ YES NO
16. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct? _____ YES NO
17. Have you ever resigned or been discharged from any position with criminal or administrative charges pending against you? _____ YES NO
18. Have you ever been prohibited from doing business with the State of Georgia, the United States Government, or any local or state government? _____ YES NO
19. Have you ever been registered with a licensed company as a private detective or security guard employee in this state? If so, list registration number, company, and approximate date of registration: _____ YES NO
20. Have you completed the required basic training for this registration? Submit a copy of the completion certificate. **If you cannot provide a copy, submit a letter to the Board detailing when you completed the training; otherwise, you will be required to complete the training.** YES NO

AFFIDAVIT

I Hereby swear or affirm that the answers to the Background Investigation Questionnaire are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a registration from the Georgia Board of Private Detective & Security Agencies.

STATE OF GEORGIA
 COUNTY OF _____

 SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
 _____ DAY OF _____, _____

 PRINT NAME

 NOTARY PUBLIC
 MY COMMISSION EXPIRES: _____

 DATE

ADDRESS HISTORY

STARTING WITH YOUR CURRENT ADDRESS, LIST YOUR PREVIOUS ADDRESSES FOR THE PAST **FIVE(5)** YEARS. DATES MUST BE PROVIDED, **WITHOUT GAPS.** IF NECESSARY, USE ADDITIONAL PAGES.

DATES		STREET ADDRESS	CITY	STATE	ZIP CODE
FROM	TO				

EMPLOYMENT HISTORY

STARTING WITH YOUR CURRENT EMPLOYER, LIST YOUR EMPLOYMENT FOR THE PAST **FIVE (5)** YEARS. ALL TIME MUST BE ACCOUNTED FOR, INCLUDING PERIODS OF UNEMPLOYMENT. ALL BLOCKS MUST BE COMPLETED. IF NECESSARY, USE ADDITIONAL PAGES.

DATES		EMPLOYER	POSITION HELD	SUPERVISOR
FROM	TO			



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Georgia Board of Private Detective & Security Agencies (“Board”) to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

This authorization is valid for 90/180/____ (circle one) days from date of signature.

I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

- ____ Working with mentally disabled
- ____ Working with elder care
- ____ Working with children

**ATTACH PHOTO
2 X 3**

ADDITIONAL EXPERIENCE

List any additional experience you have which has not been addressed and which you feel qualifies you for registration under the Private Detective and Security Agencies Act. Attach any documentation necessary as proof of training and/or experience.

AFFIDAVITS

I certify and declare that I am of good moral character and that all information contained in this application is true and correct, to the best of my knowledge. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, **the Board may suspend my registration without a prior hearing.** I shall be entitled to a hearing after the suspension of my registration.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

DATE

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

I certify and declare that the above employee has been given the minimum training required under the rules and regulations of the Board, and that the employee is qualified by training to be registered as an employee by the Private Detective and Security Agencies Board. I further certify and declare that a name character background check has been made by my company on the employee, which indicates that the employee has had no felony convictions and has not displayed a disregard for the law.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE EMPLOYER

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

DATE

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

**GEORGIA BOARD OF PRIVATE DETECTIVES
& SECURITY AGENCIES
237 COLISEUM DRIVE
MACON, GA 31217
TELEPHONE 478.207.2440
www.sos.ga.gov/plb/detective**

APPLICATION FOR WEAPON PERMIT

TYPE OF WEAPON APPLIED FOR:

EXPOSED : **SHOTGUN** ** REQUIRES WRITTEN REQUEST FROM EMPLOYER, DETAILING DUTIES

CONCEALED ** REQUIRES WRITTEN REQUEST FROM EMPLOYER, DETAILING DUTIES

*****ALL APPLICATIONS FOR WEAPON PERMIT REQUIRE CERTIFICATION OF RANGE SCORES*****

EMPLOYEE INFORMATION

EMPLOYEE NAME:

REGISTRATION NO.*
*FOR CHANGE APPLICATIONS ONLY

FIRST MIDDLE LAST

COMPANY AFFILIATION

THIS SECTION MUST BE COMPLETED
_____ COMPANY LICENSE NUMBER

COMPANY NAME

ADDRESS(STREET, SUITE #) CITY STATE ZIP CODE COMPANY TELEPHONE NUMBER

EMPLOYEE'S JOB TITLE: _____

TRAINING INFORMATION

_____ PLACE & DATE OF CLASSROOM INSTRUCTION	_____ INSTRUCTOR LICENSE NO.
_____ PLACE & DATE OF FIREARMS INSTRUCTION	_____ INSTRUCTOR LICENSE NO.

BOARD RULE 509-4-.01(1) & (2) WEAPONS. AMENDED.

(1) No person licensed by the board to carry a firearm shall carry any firearm which is not in operable condition and capable of firing live ammunition, and when carrying such a weapon, the licensee shall have on his person live ammunition capable of being fired in the weapon which he carries.

(2) No person licensed or registered by the board to provide security services shall carry a firearm while performing services for a private security agency or in-house security agency except while providing actual security services or while going directly to and from work (no stopovers allowed en route to or from work). Under no condition will a licensee, registrant or any other employee or agent of a licensee carry any sort of firearm or have anyone accompanying them who is carrying a firearm while soliciting new or prospective clients.

TRAINING AFFIDAVITS

I have read Board Rule 509-4-.01(1) & (2) and understand my responsibility to abide by the mandates of the rule. If granted a permit, I shall wear the firearm in the manner prescribed by law.

_____ DATE _____ SIGNATURE OF THE APPLICANT

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

I declare that the above employee is qualified to carry a firearm by reason of having received classroom instruction in the use of firearms by a board-approved instructor, having received firearm range instruction, and having passed the Firearm Training Curriculum for Handguns as required in Rule 509-3-.10.

_____ DATE _____ SIGNATURE AND TITLE OF THE EMPLOYER

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

EMPLOYER REQUEST FOR CONCEALED WEAPON PERMIT

This form must be completed by the employer and accompanied by an application for a concealed weapon permit for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a concealed weapon must be made, with complete justification in support of the request.

TO : Georgia State Board of Private Detective & Security Agencies

FROM :

Print Name of License Holder for the Company

Company Name and License Number

I hereby make request for a concealed weapon permit to be issued to _____.

Print Name of Employee

I have detailed below the specific duties that the employee will be assigned, along with complete justification of the necessity of carrying of a weapon in a concealed manner:

I certify and declare that the information presented in this request for a concealed weapon permit is a true description of the actual job duties that are or will be assigned to the above-named employee and a true representation of the facts in support of the necessity for carrying a concealed weapon in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for concealed weapon permit will be grounds for disciplinary action by the Board up to and including revocation of my license.

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

SIGNATURE OF THE LICENSE HOLDER

DATE

EMPLOYER REQUEST FOR SHOTGUN PERMIT

This form must be completed by the employer and accompanied by an application for a shotgun permit for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a shotgun must be made, with complete justification in support of the request.

TO : Georgia State Board of Private Detective & Security Agencies

FROM : _____
Print Name of License Holder for the Company

Company Name and License Number

I hereby make request for a shotgun permit to be issued to _____.
Print Name of Employee

I have detailed below the specific duties that the employee will be assigned, along with complete justification of the necessity of carrying of a shotgun:

I certify and declare that the information presented in this request for a shotgun permit is a true description of the actual job duties that are or will be assigned to the above-named employee and a true representation of the facts in support of the necessity for carrying a shotgun in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for shotgun permit will be grounds for disciplinary action by the Board up to and including revocation of my license.

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____,

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

SIGNATURE OF THE LICENSE HOLDER

DATE