

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR LICENSURE – PRIVATE INVESTIGATOR AGENCY

Please read these instructions carefully. Failure to complete the application properly and in its entirety could result in the delay of processing the application as well as the review and approval of the application for licensure.

Application

Business Physical Address – You must provide a physical address for your private investigation business. This is not posted on the website or given to the public unless your physical address and mailing address are the same.

Business Mailing Address – This is considered your official primary “contact at” address with the Missouri Board of Private Investigator and Private Fire Investigator Examiners and is the address that will be available to the public via Professional Registration’s downloadable listing on the website or by someone contacting the office by telephone. Please note that all correspondence, renewal applications, newsletters etc from this office will be sent to this address.

The application needs to be signed in the presence of a notary and then notarized.

Additional Information

APPLICATION FEE

Please submit the \$400.00 application fee. The application fee can be a personal check, money order or cashier’s check made payable to the Board of Private Investigator and Private Fire Investigator Examiners. We apologize for the inconvenience but we cannot accept credit cards for payment of the application fee.

APPLICATION FOLLOW-UP:

Once your application has been received and all documentation has been processed you will receive a follow up letter informing you if items are still needed or when your application will be reviewed by the board.

Please note the following:

- You must designate a Private Investigator-In-Charge and provide the requested information on the application.
- Provide proof of registration of a fictitious name with the secretary of state.
- Provide proof of worker’s compensation insurance in the form of a Certificate of Insurance issued by an insurance company licensed to do business in the state Missouri, OR written statement explaining how applicant’s business is not subject to the Worker’s Compensation law.

Private Investigator Agency Application Checklist

This is a worksheet for your use to assist you in the application process.
You do not need to send this to our office.

- Application that has been typed or neatly handwritten in BLACK ink (completed and notarized)
- Application Fee
- Proof of registration of a fictitious name with the secretary of state.
- Proof of liability insurance. Copy of Certificate of Insurance in the amount of \$250,000 by an insurance company licensed to do business in Missouri. **Copy of Certificate of Insurance issued by an agent is not acceptable. The certificate needs to come from the carrier.**
- Proof of Workers Compensation (if applicable) in the form of a Certificate of Insurance by an insurance company licensed to do business in Missouri; or written statement explaining how the applicant's business is not subject to the Worker's Compensation law. **Copy of Certificate of Insurance by an agent is not acceptable. The certificate needs to come from the carrier.** If you are not required to have Worker's Compensation, please provide a brief statement.

Once the application, fee and documentation have been received and reviewed in our office, we will communicate with you in writing. Please be patient with our process.



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

**APPLICATION FOR LICENSURE -
PRIVATE INVESTIGATOR AGENCY**

**MUST BE TYPED OR
PRINTED LEGIBLY**

STATE BOARD OF PRIVATE INVESTIGATOR EXAMINERS	
LICENSE NO	APPROVAL DATE
FEE AMOUNT	DEPOSIT DATE

INSTRUCTIONS

- Provide complete information. Incomplete information will delay the processing and review of your application.
- Sign and notarize the application.
- Enclose the appropriate fee(s). All fees are nonrefundable and must be made payable to the Board of Private Investigator Examiners.

Return to:
Board of Private Investigator Examiners
PO Box 1335
Jefferson City MO 65102-1335
(573) 522-7744
TTY (800) 735-2966
e-mail: pi@pr.mo.gov

SECTION 1 - AGENCY INFORMATION

If this agency has previously held a Missouri license STOP. Contact the Board office for instructions.

AGENCY NAME	E-MAIL ADDRESS (PLEASE PRINT CLEARLY)
BUSINESS PHYSICAL OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)	
BUSINESS MAILING ADDRESS (STREET/PO BOX, CITY, STATE, ZIP CODE) THIS IS CONSIDERED YOUR OFFICIAL ADDRESS.	

SECTION 2 - PRIVATE INVESTIGATOR-IN-CHARGE INFORMATION

NAME OF LICENSED PRIVATE INVESTIGATOR-IN-CHARGE		
MISSOURI PI LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
TELEPHONE NUMBER (OFFICE)	FAX NUMBER	TELEPHONE NUMBER (CELL PHONE)

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license as a private investigator agency in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application for licensure as required by Missouri law governing the practice of private investigating and subject to the rules and regulations of the Missouri Board of Private Investigator Examiners. I subscribe and agree to abide by all applicable laws and rules related to a private investigator agency (to include the Code of Professional Ethics). I hereby certify that I have familiarized myself with sections 324.1100-324.1148 RSMo, known as the (Private Investigator Act) and applicable rules promulgated by the Missouri Board of Private Investigator Examiners.

I understand the application fee is not refundable and that the Board may require further information or evidence that it deems reasonable and proper in approving this application for licensure as a private investigator agency.

MUST BE SIGNED IN PRESENCE OF NOTARY	APPLICANT SIGNATURE	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

USE RUBBER STAMP IN CLEAR AREA BELOW.