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STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

MUST BE TYPED OR PRINTED LEGIBLY

APPLICATION FOR LICENSURE - ADDITIONAL PRIVATE INVESTIGATOR AGENCY

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 - ADDITIONAL PRIVATE INVESTIGATOR 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.

NAME OF LICENSED PRIVATE INVESTIGATOR-IN-CHARGE FOR THIS AGENCY LOCATION

PRIMARY OFFICE PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE)

PRIMARY OFFICE MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) - IF DIFFERENT THAN ABOVE

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 private investigator agency license 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'S SIGNATURE ▶	
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	