STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

MUST BE TYPED OR PRINTED LEGIBLY

APPLICATION FOR LICENSURE - LICENSED AGENCY FIRE INVESTIGATOR EMPLOYEE

BOARD OF PRIVATE INVESTIGATOR AND PRIVATE FIRE INVESTIGATOR EXAMINERS

INSTRUCTIONS

- Provide complete information. Incomplete information will delay the processing and review of your application.
- Sign the application in the presence of a notary and have the application notarized.
- Sign and enclose the Social Security Number Disclosure Notice.
- Enclose the $100.00 fee. All fees are nonrefundable and must be made payable to the Board of Private Investigator and Private Fire Investigator Examiners.

Return form, fee, proof of fingerprint submission and any supporting documents to:

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

FEE AMOUNT	DEPOSIT DATE	PRE-LICENSE NUMBER

HAVE YOU PREVIOUSLY HELD A MISSOURI PRIVATE FIRE INVESTIGATOR LICENSE, PRIVATE FIRE INVESTIGATOR AGENCY LICENSE OR PRIVATE FIRE INVESTIGATOR AGENCY EMPLOYEE LICENSE?

☐ Yes ☐ No If yes, please attach explanation.

LICENSE NUMBER

SECTION 1 - PRIVATE FIRE INVESTIGATOR AGENCY EMPLOYEE APPLICANT INFORMATION

FULL NAME (LAST, FIRST, MIDDLE) THIS NAME WILL APPEAR ON YOUR LICENSE

LIST ALL OTHER NAMES USED (INCLUDE MAIDEN, PREVIOUS MARRIED SURNAME/S OR AKA/S)

DATE OF BIRTH*	SOCIAL SECURITY NUMBER**	TELEPHONE NUMBER - OFFICE	TELEPHONE NUMBER - HOME

TELEPHONE NUMBER - CELL PHONE	EMAIL ADDRESS **(PLEASE PRINT) (BUSINESS)**

HOME PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE)	EMAIL (PERSONAL)

HEIGHT	WEIGHT	HAIR COLOR	EYES	GENDER (VOLUNTARY)	RACE (VOLUNTARY)

ARE YOU A UNITED STATES CITIZEN?

☐ Yes ☐ No (If no, please provide documentation establishing your legal alien status)

SECTION 2 - EMPLOYMENT

NAME OF AGENCY EMPLOYED BY	AGENCY LICENSE NUMBER

MAILING ADDRESS, STREET, CITY, STATE, ZIP CODE

NAME OF PRIVATE FIRE INVESTIGATOR-IN-CHARGE	PRIVATE FIRE INVESTIGATOR-IN-CHARGE LICENSE NO.

SIGNATURE OF PRIVATE FIRE INVESTIGATOR-IN-CHARGE	CONTACT TELEPHONE NUMBER

***Must be at least 21 years of age to qualify for licensure.**

****See the Social Security Number Disclosure Notice. This form must be completed and returned with this application.**

SECTION 3 - OTHER STATE LICENSURE (INCLUDE A COPY OF EACH LICENSE LISTED AND REQUEST EACH STATE SEND LICENSE VERIFICATION.)

ARE YOU LICENSED IN ANY OTHER STATES?

☐ Yes ☐ No (If yes, please complete below. Attach a separate sheet of paper if additional lines are needed.)

STATE	LICENSE/CERTIFICATE NUMBER	DATE OF ISSUANCE	CURRENT STATUS
			☐ Active ☐ Inactive ☐ Other
			☐ Active ☐ Inactive ☐ Other
			☐ Active ☐ Inactive ☐ Other

SECTION 4 - If you answer YES to any of the questions, attach your full explanation.

☐ YES ☐ NO	1. Have you ever held or do you now hold any professional license issued by this state, or any other state or country? If yes, list jurisdiction name, license number, profession and whether active or inactive status.
☐ YES ☐ NO	2. Have you ever had an application for any professional license denied, refused, or disciplined in this state or any other state or country?
☐ YES ☐ NO	3. Have you ever been convicted or entered a plea of guilty or nolo contendere to a criminal offense, regardless of the disposition and including the receiving of a suspended imposition of sentence?
☐ YES ☐ NO	4. Have you ever been convicted or entered a plea of guilty or nolo contendere to a misdemeanor offense involving moral turpitude, including the receiving of a suspended imposition of sentence following a plea of guilty to a misdemeanor offense?
☐ YES ☐ NO	5. Have you ever falsified or willfully misrepresented information in an employment application, records of evidence, or in testimony under oath?
☐ YES ☐ NO	6. Have you ever been addicted to or dependent upon any illegal or prescription drugs or controlled substances, or an alcoholic beverage?
☐ YES ☐ NO	7. Have you ever used, possessed or trafficked in any illegal substance?

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

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 fire investigator agency employee 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 fire investigating and subject to the rules and regulations of the Missouri Board of Private Investigator and Private Fire Investigator Examiners. I subscribe and agree to abide by all applicable laws and rules regarding the practice of private fire investigating (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 and Private Fire 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.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

Have you or an immediate family member ever served in the U.S. Armed Forces?

☐ Yes ☐ No

If yes, would you like information about military-related services in Missouri?

☐ Yes ☐ No

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)