STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

APPLICATION FOR AGENCY LICENSURE

MUST BE TYPED OR PRINTED LEGIBLY

BOARD OF PRIVATE INVESTIGATOR AND PRIVATE FIRE INVESTIGATOR EXAMINERS

PRE-LICENSE NUMBER	FEE AMOUNT	DEPOSIT DATE	LICENSE NUMBER

INSTRUCTIONS

PLEASE MARK THE APPROPRIATE BOX FOR THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING.

- ☐ Private Investigator Agency - $400 fee
- ☐ Private Fire Investigator Agency - $400 fee
- ☐ Additional Agency - $200 Fee

Return 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

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

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 - INVESTIGATOR-IN-CHARGE INFORMATION

NAME OF LICENSED INVESTIGATOR-IN-CHARGE

MISSOURI LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
TELEPHONE NUMBER (OFFICE)	**FAX NUMBER**	**TELEPHONE NUMBER (CELL PHONE)**

SECTION 3 - PRIMARY OFFICE INFORMATION - ONLY COMPLETE IF APPLYING FOR ADDITIONAL AGENCY LICENSE

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

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

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 an 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 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 (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.

MUST BE SIGNED IN PRESENCE OF NOTARY

APPLICANT 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)		