

Dear License Holder:

THE RETURN DEADLINE IS THE FIRST OF THE MONTH IN WHICH YOUR LICENSE EXPIRES.

THIS IS THE ONLY PACKET YOU WILL RECEIVE FROM THE BOARD. IS YOUR RESPONSIBILITY TO SUBMIT ALL REQUIRED INFORMATION AND FEES. TIMELY SUBMISSION OF ALL REQUIRED MATERIAL IS IMPERATIVE TO YOUR CONTINUATION OF LAWFUL OPERATIONS. FAILURE TO DO SO MAY RESULT IN YOUR LICENSE GOING INTO CONTINGENT STATUS, GOING INTO LAPSED STATUS OR EXPIRATION OF YOUR LICENSE.

IF YOUR LICENSE EXPIRES YOU MAY NOT LEGALLY CONTINUE TO OPERATE IN THE STATE OF MINNESOTA

This checklist is intended to assist you in submitting all required materials and, you should use it as a guide and submit all required materials at the same time to promote timely and efficient processing of the renewal.

- Notice of Intended Use of Data (read and keep for your records)
- Renewal Fee (make checks or money orders payable to "Private Detective & Protective Agent Services Board) – see MN Administrative Rule 7506.0140 subp. 2 for calculation of the number of employees

Private Detective		Protective Agent	
0 -1 Employees	\$ 540.00	0 -1 Employees	\$ 480.00
2 to 10 Employees	\$ 710.00	2 to 10 Employees	\$ 650.00
11 to 25 Employees	\$ 880.00	11 to 25 Employees	\$ 820.00
26 to 50 Employees	\$1,050.00	26 to 50 Employees	\$ 990.00
51 or more employees	\$1,220.00	51 or more employees	\$1,160.00

- Bond Information and Proof of Financial Responsibility (MN Statute 326.3382 Subd 3)
 - Bond Information
 - AND
 - Insurance policy information (Accord 25) covering the two years of the license period and extending coverage into the first months of the renewed license period
 - OR
 - Annual net worth statement, signed by a licensed certified public accountant
 - OR
 - Irrevocable letter of credit from a financial institution
- Business information and Tax identification numbers - this is included on the application page (Per Secretary of State we are required to report this to MN Dept. of Revenue (MN Statute 270C.72 Subd 4)
- Signed Informed Consent Form(s) – for Qualified Representative, Minnesota Manager, CEO and CFO (wet signature or scanned wet signature)
- Workers Compensation Form
- Completed Affidavit of Training - for all employees working under the license, expressly including Qualified Representatives and Minnesota Manager

- **Must** be submitted in Excel format. Other versions will **NOT** be accepted and may result in a delay of renewal until submitted in the proper format. Instructions and a template are available as a download on the Board's website. Email excel file to mn.pdb@state.mn.us
- After pre-assignment training, 6 hours of continuing education is required for each year in the license period.
- Include an Armed Affidavit of Training, if any employees work in an armed capacity or use other weapons or equipment in their assignments.
- After initial armed training, 6 ADDITIONAL hours of armed training (in the weapon/equipment used) is required for each year in the license period.

Failure to return all reissuance materials may result in delays, or the license may not be reissued. Prompt response to any questioned areas will allow time to process the application and prepare for Committee review. The Committee typically meets the last Tuesday of each month to consider reissuance applications for that month (check the calendar on our website for the exact date). Following that meeting if you have completed all requirements your reissued license and any other materials will be sent to you. If you have decided not to seek renewal it is requested that you contact me.

Sincerely,



Kate White

Executive Director | MN Board of Private Detective and Protective Agent Services

Kate.white@state.mn.us | (651) 793-2669

License Holder Renewal Check List	YES	NO
Did you submit the renewal application on or before the deadline (First of the Month)?		
If the application was sent after the deadline, did you provide an explanation as to why it was late?		
Did you answer the following question on the renewal application: DESCRIBE THE ROLE WHICH THE PERSON(S) LISTED AS THE QUALIFIED REPRESENTATIVE AND MINNESOTA MANAGER PLAY IN THE SUPERVISION AND MANAGEMENT OF THE LICENSED BUSINESSES (be specific):		
If a corporate license - Is the CFO listed, correct, and did they sign the renewal?		
If a corporate license - Is the CEO listed, correct, and did they sign the renewal?		
If a corporate license - Is the Qualified Representative (QR) listed, correct and did they sign the renewal?		
If a corporate license, and is out of state - Is the Minnesota Manager (MM) listed, correct and did they sign the renewal?		
Is a Minnesota address (either physical or registered agent) listed? This is required.		
Did you provide a Criminal History Consent form for each person signing the application?		
Has a BCA/FBI background check completed for all employees (including license holders, partners, QRs and MMs)?		
Were the BCA/FBI criminal record results received and clear prior to any employees performing licensable services?		
Was an Affidavit of Training (AOT) provided (required for all renewals)?		
Is the license number and company/license holder name provided at the top of the AOT?		
Is the AOT signed and dated at the bottom?		
Did all employees receive an I.D. card and have the date they were issued it listed on the AOT?		
Did new hires complete preassignment training within the statutorily required 21 days of hire or previous 3 years?		
Is the continuing education for all employees completed annually within the renewal period (renewal month to renewal month)?		
Is there a 1st and 2nd year continuing education course number and date the course was completed for all employees including the license holder, partner, MM, and QR?		
Are course numbers listed for all preassignment training as well as for the first and second year of continuing education training?		
Have these course numbers been verified as certified courses?		
Did you indicate whether or not each employee is armed or unarmed by providing a Y or N in the "Armed" column on the AOT?		
Did you sign and date the bottom page of the armed AOT?		
Does each armed employee have all weapon(s) they carry while in their armed capacity listed?		
Did each armed employee receive their initial armed training prior to their start date in an armed capacity or		
Is your bond number accurate?		
Did you provide Proof of Financial Responsibility (Net Worth Statement Signed off by a CPA, Irrevocable Letter of Credit from a Bank, General Liability Insurance Certificate - Accord 25 Form)?		
Did you include certificates of insurance coverage for your entire renewal period?		
Have you had continuous proof of financial responsibility coverage?		
Did you provide a completed Workers Compensation form?		
Did you provide MN Department of Revenue information (required by statute)?		

Renewal Type: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> DUAL INDIVIDUAL <input type="checkbox"/> CORPORATE <input type="checkbox"/> DUAL CORPORATE <input type="checkbox"/> PARTNERSHIP		
License Type(s): <input type="checkbox"/> PRIVATE DETECTIVE	Current PD License #:	Expiration Date:
<input type="checkbox"/> PROTECTIVE AGENT	Current PA License #:	Expiration Date:
\$10,000 SURETY BOND COMPANY:		BOND #:
BUSINESS NAME/LEGAL CORPORATION/LLC NAME(S) (if any): _____		
Any and all names used in association with the license must be listed here & registered with the MN Secretary of State's Office. This Board is required to report this data to the MN Dept. of Revenue under 270C.72(4)		
MN TAX ID NUMBER _____	FEIN _____	SSN OR ITIN _____
CORPORATE/LLC ADDRESS: _____		
MN ADDRESS (REQUIRED): _____		
CORPORATE BUSINESS PHONE: _____ MN BUSINESS PHONE: _____ FAX : _____ <i>(Include both Corporate/LLC and local numbers when applicable)</i>		
INDIVIDUAL LICENSE HOLDER: _____		EMAIL: _____
CORPORATION/LLC OR DUAL CORPORATION/LLC ONLY:		
QUALIFIED REPRESENTATIVE: _____		EMAIL: _____
MINNESOTA MANAGER <i>(For entities out of state):</i> _____		EMAIL: _____
CHIEF EXECUTIVE OFFICER: _____		CHIEF FINANCIAL OFFICER: _____
PARTNERSHIP ONLY:		
PARTNER: _____		EMAIL: _____
PARTNER: _____		EMAIL: _____
# OF EMPLOYEES CURRENTLY WORKING FOR THE BUSINESS AUTHORIZED UNDER THIS LICENSE: <i>(This includes the license holder, and Minnesota Manager and Qualified Representative, if applicable)</i> _____		
PRIVATE DETECTIVES: _____		PROTECTIVE AGENTS: _____
HAVE BACKGROUND CHECKS AND CRIMINAL RECORD CHECKS BEEN PERFORMED ON ALL PERSONNEL IN THE EMPLOY OF THE LICENSED BUSINESS <i>(including the license holder, Qualified Representative, Minnesota Manager, and corporate/company officers or partners that provide licensable services, if applicable)?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE THE LICENSED APPLICANT OR ANY EMPLOYEES BEEN CONVICTED OF ANY DISQUALIFYING ACT SPECIFIED IN MINNESOTA STATUTES §326.3381, Subd. 3 (1) ? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, specify: _____		
DESCRIBE THE ROLE THE QUALIFIED REPRESENTATIVE AND/OR MINNESOTA MANAGER PLAYS IN THE SUPERVISION AND MANAGEMENT OF THE LICENSED BUSINESSES <i>(be specific):</i> _____		

ACKNOWLEDGMENT AND VERIFICATION

I affirm that all information and documentation in this reissuance application is true and correct and that I have completed each item on the checklist and filled out the checklist. I affirm that I have read **MS §326.32-326.339 and Administrative Rules 7605.0100-7506.2900.**

Individual License Holder <i>(Individual only)</i>	Signature _____	Date _____
Qualified Representative <i>(LLC/partnership only)</i>	Signature _____	Date _____
Chief Executive Officer <i>(LLC only)</i>	Signature _____	Date _____
Chief Financial Officer <i>(LLC only)</i>	Signature _____	Date _____
Minnesota Manager <i>(if out of state)</i>	Signature _____	Date _____
Partner <i>(partnership only)</i>	Signature _____	Date _____
Partner <i>(partnership only)</i>	Signature _____	Date _____

Data Practices Rights Advisory

The Private Detective and Protective Agent Services Board (“Board”) is seeking data from you that may be considered private or confidential data on individuals under the Minnesota Government Data Practices Act, depending on the type of license involved. All data related to this application and any related data in any form including statements that you make is most often defined as licensing data under Minn. Stat. 13.41. Minn. Stat. 13.04, subd, 2 requires the Board to notify you of the following elements before you are asked to supply any private or confidential data about yourself.

1. This data is being collected to determine your qualifications for licensure or license re-issuance, and to assist the Board in investigating you for those purposes. The data you supply may also be used to determine qualification for license, character, honesty and integrity, and/or whether there has been a violation of any statutes or rules enforced or administered by the Board.
2. You are advised that you are not required to provide any of this data and providing the data is voluntary.
3. If you provide the data it may be used to evaluate you for licensure or license reissuance, disciplinary action if you have a license or legal sanctions if the investigation concerns any unlicensed activity within the authority of the Board. You have the right to refuse to supply the requested data. However, if you do not supply this data the Board may not be able to determine your qualifications and suitability for licensure and may not be able to issue/reissue a license.
4. The data you supply may be released to other persons and/or governmental entities who have statutory authority to review the data, investigate specific conduct and/or take appropriate legal action, including but not limited to, licensing, regulatory, taxation and law enforcement authorities and their legal counsel and representatives. The data may also be released as required or authorized by state or federal statutes or court order or your written consent. In the event of civil, criminal or administrative litigation the data may become public and it may also become public under provisions of statute, including but not limited to, Minn. Stat. 13.41.

CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of M.S. Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or is falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

-- or --

- I have no employees
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: spouse, parent, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
Last, First Middle -- Please type or print.

Doing Business As (dba): _____
Business name if different than your name – please type or print.

Business Address: _____
Street Address

City, State, ZIP

Phone: _____
Please include area code.

Signature: _____ Date: _____

INFORMED CONSENT RENEWAL FORM

Company Name:		
Street Address:		
City:	State:	Zip Code:
Date:		

PLEASE PRINT FULL NAME		
Last:	First:	Middle:
DATE OF BIRTH (MM/DD/YYYY):		Sex (M or F):
MAIDEN NAME and/or OTHER NAMES USED		
Last:	First:	Middle:
Last:	First:	Middle:

APPLICANT ACKNOWLEDGEMENT AND VERIFICATION
<p>PURSUANT TO MINN. STAT. 326.3381 I AUTHORIZE THE MINNESOTA BUREAU OF CRIMINAL APPREHENSION and/or FEDERAL BUREAU OF INVESTIGATION and/or ALL LOCAL CRIMINAL JUSTICE AGENCIES TO DISCLOSE ALL CRIMINAL HISTORY RECORD DATA AND DATA CONCERNING CONTACTS WITH ME TO THE MINNESOTA BOARD OF PRIVATE DETECTIVES AND PROTECTIVE AGENTS FOR THE PURPOSE OF LICENSURE RENEWAL.</p> <p>THE EXPIRATION OF THIS AUTHORIZATION SHALL BE ONE YEAR FROM THE DATE OF MY SIGNATURE OR UNTIL REVOKED IN WRITING BY ME, WHICHEVER IS EARLIER.</p>

Signature

Date



Affidavit of Training Verification Acknowledgement

I acknowledge that the information submitted on all of Affidavit of Training (AOT) forms are accurate and correct, and as the License Holder, I take full accountability for the submission of these forms and the information on them.

Indicate below which AOT forms are being submitted with your renewal materials.

Please check all applicable boxes:

New Employee AOT

Current Employee AOT

Armed Employee AOT

License Number: _____

Company / License Holder Name:

Date Completed: _____

QR/MM/License Holder Signature: _____