



STATE OF MINNESOTA

Board of Private Detective and Protective Agent Services

1430 Maryland Avenue East, St. Paul MN 55106

OFFICER CHANGE APPLICATION FORM

THIS IS REQUIRED DOCUMENTATION FOR REPLACING AN OFFICER OF A CORPORATION

* A written notice of the officer change, as well as the application materials are **due within seven days** of the change per Minnesota Statute 326.3385 subd.2.

** As an applicant, if you are currently involved in law enforcement employment, this application should be discussed with department representatives so that appropriate policies and guidelines are addressed.

QUALIFIED REPRESENTATIVE AND MINNESOTA MANAGER OFFICER CHANGE FEES		
PRIVATE DETECTIVE	Corporation: \$950.00	Partnership: \$850.00
PROTECTIVE AGENT	Corporation: \$900.00	Partnership: \$800.00

*** There are no fees for CEO/CFO Officer Changes.

LICENSE TYPE (please check one): PRIVATE DETECTIVE PROTECTIVE AGENT LICENSE NUMBER: _____

LICENSE HOLDER Business Name(s):
(any and all names used in association with the license must be listed here and registered with the MN Secretary of State's Office)

PLEASE CHECK ONE OR MORE OF THE POSITIONS LISTED BELOW IN WHICH YOU ARE APPLYING FOR

<input type="checkbox"/> Chief Executive Officer (CEO)	<input type="checkbox"/> Chief Financial Officer (CFO)	<input type="checkbox"/> Qualified Representative (QR)	<input type="checkbox"/> Minnesota Manager (MM)
Officer Change FROM (Name):		Officer Change TO (Name):	
Date of Change (MM/DD/YY):		Date the Board was notified of the change (MM/DD/YY):	



APPLICANT INFORMATION

Full Name:		Date of Birth:	Sex:	
Address of Legal Residence:			Email Address:	
Date of Legal Residence Established:	Home Phone:		County/State of Birth:	
PRIOR RESIDENCES FOR THE PAST FIVE YEARS				
<i>(attach additional sheets if necessary, include all requested information; if this is not applicable, please indicate so):</i>				
Dates From (MM/DD/YY) / To (MM/DD/YY)	Street Address	City	State	Zip Code
HAVE YOU EVER RESIDED IN ANOTHER STATE? (If yes, please list below, attach additional sheets if necessary) <input type="checkbox"/> YES <input type="checkbox"/> NO				
Dates From (MM/DD/YY) / To (MM/DD/YY)	Street Address	City	State	Zip Code



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APPLICANT EMPLOYMENT INFORMATION

Present Employer:	Your Position/Title:
Employer's Corporate Business Address <i>(if applicable)</i> :	
Employer's Minnesota Business Address <i>(required)</i> :	
Supervisor's Name:	

LIST OF COMPLETE EMPLOYMENT HISTORY *(attach additional sheets if necessary, include all requested information)*

Dates From / To	Employer	Title	Address	Phone Number	Supervisor

PLEASE ANSWER THE FOLLOWING QUESTIONS *(attach additional sheets if necessary)*

Do you hold, or have ever held, a comparable license for this activity in any other state? <i>(If yes, please specify below, attach additional sheets if necessary)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had any disciplinary actions against any other comparable license in any other state? <i>(If yes, please specify below, attach additional sheets if necessary)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever voluntarily surrendered a professional license? <i>(If yes, please specify below)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have any of your professional licenses ever been suspended or revoked? <i>(If yes, please specify below)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a crime? <i>(If yes, please specify below. Attach additional sheets if necessary and include all requested information)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date (MM/DD/YY)	Jurisdiction	Disposition



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Specifically describe the general scope of business you are proposing:

Blank lines for describing the general scope of business.

VERY specifically describe the duties and responsibilities you will assume in this proposed business:

Blank lines for describing duties and responsibilities.

CHECKLIST (please complete the checklist by checking off the boxes next to the items completed)

Table with 2 columns: checkbox and description of checklist items.

APPLICANT ACKNOWLEDGEMENT AND VERIFICATION

I AFFIRM THAT ALL INFORMATION AND DOCUMENTATION IN THIS OFFICER CHANGE 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 AND UNDERSTAND THE REQUIREMENTS, RESPONSIBILITIES, AND ACCOUNTABILITIES AS OUTLINED IN MINNESOTA STATUTES §326.32-326.339 AND MINNESOTA ADMINISTRATIVE RULES 7605.0100-7506.2900.

NEW OFFICER SIGNATURE: _____ DATE: _____



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REFERENCE RESPONSE FORM

THIS FORM MAY BE REPRODUCED FOR USE BY THE APPLICANT

** In serving as a reference, you should understand that you must not be related by blood or marriage to the reference subject in a license application. Further, you must have known the subject for a minimum of five (5) years, pursuant to MS §326.3382, subd.2(a)(1).*

REFERENCE SUBJECT (APPLICANT NAME)

REFERENCE INFORMATION	
Full Name:	Day Time Phone Number:
Address of Legal Residence:	

PLEASE ANSWER THE FOLLOWING QUESTIONS:		
Do you understand that the above named reference subject is involved in an application for private detective/investigator or protective agent license application in the State of Minnesota?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How long have you known the reference subject?		
Is this association personal or professional?	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> PROFESSIONAL
How frequently do you have contact with the reference subject?		
What comment(s) would you make as to the reference subject's character, honesty, and integrity?		
In a <u>paragraph</u> , describe your association with the reference subject:		
To your knowledge, has the reference subject ever been convicted of a crime? If so, please specify the nature, date, and place of the conviction below.		<input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCE ACKNOWLEDGEMENT AND VERIFICATION	
I AFFIRM THAT ALL INFORMATION IN THIS REFERENCE FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
REFERENCE SIGNATURE: _____	DATE: _____



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DOCUMENTATION OF WORK EXPERIENCE / RELEASE OF INFORMATION FORM

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_____ (Applicant Name) is an applicant for licensing as a **Private Detective / Private Investigator** For Fee in the State of Minnesota.

APPLICANT ACKNOWLEDGEMENT

I, _____, APPLICANT FOR **PRIVATE DETECTIVE / PRIVATE INVESTIGATOR** LICENSING IN MINNESOTA, AUTHORIZE DIRECT CONTACT TO BE MADE WITH THE COMPANY / DEPARTMENT REPRESENTATIVE SIGNING THIS FORM, AND ANY OTHER PERSONS FROM THE COMPANY / DEPARTMENT ABLE TO PROVIDE INPUT ON MY EMPLOYMENT HISTORY. I UNDERSTAND THIS CONTACT WILL BE MADE TO DISCUSS SPECIFIC DUTIES, JOB PERFORMANCE AND ANY OTHER INFORMATION NECESSARY IN DETERMINING MY SUITABILITY FOR LICENSING BY THE PRIVATE DETECTIVE AND PROTECTIVE AGENT SERVICES BOARD.

APPLICANT SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY PREVIOUS OR PRESENT EMPLOYER

Name of Company / Department: _____ Contact Person: _____

Business Address: _____ Business Phone: _____

Date of Hire (MM/DD/YYYY) FROM: _____ Date of Hire (MM/DD/YYYY) TO: _____

Average number of hours worked on a weekly basis: _____

Are employment records available to verify the employment period? YES NO

LIST POSITION(S) HELD, WITH A BRIEF DESCRIPTION OF DUTIES WITH PARTICULAR EMPHASIS **ON INVESTIGATIVE DUTIES AND SKILLS** (Must include supervision and evidence of a higher level of security duties. Attach additional sheets if necessary):

COMMENTS ON APPLICANT'S SKILLS AND SUITABILITY FOR LICENSING (Attach additional sheets if necessary):

EMPLOYER SIGNATURE: _____ DATE: _____

TITLE: _____

*** Please return this completed form to the above-named license applicant. It will be submitted to the Minnesota Board of Private Detective and Protective Agent Services along with other application materials.*


MINNESOTA
 BOARD OF PRIVATE DETECTIVE
 AND PROTECTIVE AGENT SERVICES

Minnesota Statutes 326.32-326.339 concerning the licensing of private detectives/investigators and protective agent services requires a criminal history background investigation will be conducted **on each person signing an application for licensure**. The original signed form(s) need to be submitted with all license applications.

State and federal laws require a signed informed consent of the person subject to a state and federal criminal history record check. The below form gives the Board of Private Detective and Protective Agent Services the authorization to check federal, state and local criminal history records.

The following named individual has made application, or is involved in an application for Private Detective or Protective Agent. Pursuant to Minnesota State Statute, 326.3381, Subd. 3(1), a criminal history record check is being requested. This form is the signer's informed consent to conduct such a check and provide its results to the Board, its staff, agents and representatives.

FULL NAME OF APPLICANT: (Printed)	Last	First	Middle
MADEN NAME and/or (Printed)	OTHER NAMES USED:		
	Last	First	Middle
	Last	First	Middle
DATE OF BIRTH:	Month	Date	Year

I authorize the Minnesota Bureau of Criminal Apprehension, the Federal Bureau of Investigation and all other criminal justice entities to disclose criminal history record data and all records reflecting contact with that entity to the Board of Private Detective and Protective Agent Services for the purpose of licensing pursuant to the above-named statute.

Signature of Subject	Date
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