



PI-21 Application for Renewal of Licensure

Department of Public Safety Standards and Training (DPSST)
Private Security/Investigator Certification & Licensing Program
4190 Aumsville Hwy SE, Salem, OR 97317-8983

Phone: 503-378-8531 / Fax: 503-378-4600
E-mail: dpsst.investigators@state.or.us
Website: <http://www.oregon.gov/dpsst/pi>

Attached you will find the renewal application for your provisional or private investigator license. Please make sure to complete it in its entirety. Incomplete or illegible forms/documents may delay issuance of a licensure. For minimum standards, procedures, or general questions please refer to our website at <http://www.oregon.gov/dpsst/pi> You may also contact us via email at dpsst.investigators@state.or.us or by calling our office at: (503)378-8531.

Important information for all applicants

What is required for a completed **RENEWAL** application packet?

- PI-21 – Application for renewal of licensure;
- PI-6 – Continuing Education Summary Form;
- PI-27 – Code of Ethics;
- Proof of current surety bond, an irrevocable letter of credit issued by an Oregon commercial bank, or errors and omission insurance in the amount of at least \$5,000;
- Current Photo (no more than 6 months old) – Electronic JPEG version minimum resolution of 640X480. Emailed to: piappsubmittal@state.or.us and;
- Fees
- Do not leave any sections blank. If the question or statement does not apply to you please put an “N/A” in the space. Incomplete applications could cause delays in processing.

Deadline: Your renewal application and support documentation **MUST BE RECEIVED ON OR BEFORE your expiration date to avoid a late fee of \$25.** Upon your expiration date, your license will be considered expired and you cannot work as an investigator until your license is renewed. If your application and/or fees are received more than thirty days past the expiration date, your license cannot be reinstated. Per ORS 703.445 you will forfeit the right to work as an investigator in this state, and must comply with all initial application procedures in order to be licensed again.

Private Investigator Licenses

PRIVATE INVESTIGATOR

PROVISIONAL INVESTIGATOR

License Renewal	FEE
License Fee	\$550
Late Fee – if applying after expiration date	\$25

RETURN YOUR APPLICATION PACKET AND FEES TO 4190 AUMSVILLE HWY SE, SALEM, OREGON 97317

CASHIERS/BUSINESS

CHECK

OR MONEY ORDER

Payable to: DPSST

~Cash will NOT be accepted~

CREDIT OR DEBIT CARD PAYMENT

Credit Card Authorization Form:

<http://www.oregon.gov/dpsst/PS/docs/CreditCardAuthorization.pdf>

Print, complete & mail with all other application materials

Or

Fax payment form to:

(503) 378-4600

Please note: DPSST cannot accept emailed credit card authorization forms.

1**General Information**

PLEASE TYPE OR PRINT CLEARLY

All private investigators must notify the Department within 10 calendar days of any change of address by completing a Private Investigator Change of Information form (PI-23).

First Name:	Last Name:	PI-ID number:	
Home Address:			
City:	State:	Zip Code:	County:
<p><u>Your email will now be used as our form of communication for all correspondences regarding your application process.</u> Additionally, please check yes <input type="checkbox"/> if you would like to be added to our email messaging system regarding other updates to the investigator program.</p>			
E-mail Address:			
Home Phone:		Cell Phone:	
Mailing Address (If different):			
City:	State:	Zip Code:	County:

2**Applicant's Investigative Business Information – ORS 703.480**

This information is required by ORS 703.480(2)(c) and will appear on the DPSST PI website in a publicly searchable document.

Business Name:
Business Mailing Address: (May be a PO Box)
Telephone:
Agent for Service of Process for Out of State Investigators ONLY
Business Name _____ Contact Person: _____
Oregon Address _____
City _____ Zip _____ Phone _____

3**Moral Fitness**

Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) require all private investigator applicants uphold the core values established by the Board of Public Safety Standards and Training and be of good moral fitness as determined by a criminal background check, department investigation or other reliable sources. Lack of good moral fitness includes, but is not limited to, mandatory or discretionary disqualifying misconduct as described in OAR 259-061-0300(2).

ORS 703.425(3) requires all applicants must disclose any acts constituting grounds for denial of an investigator's license and must notify the department if the applicant is charged with a criminal offense. The department shall conduct a special review of any applicant making a disclosure.

If you answer yes to any of the below questions, attach an explanation and provide date, location, nature of offense and current status or resolution.

1. Since your last valid application, do you have a pending charge or conviction for a felony or misdemeanor?
YES NO

2. Since your last valid application, have you been charged with a felony or misdemeanor and agreed to a stipulation or settlement in lieu of conviction?
YES NO

3. Since your last valid application, have you been the subject of a complaint, lawsuit or arbitration regarding your investigative services?
YES NO

4. Since your last valid application, have conditions or restrictions been placed on your investigative license or registration held in this or another state or jurisdiction including local, state, federal or tribal?
YES NO

5. Since your last valid application, have any claims been filed against your surety bond, irrevocable letter of credit or errors and omissions insurance policy?
YES NO

6. Since your last valid application, has your investigative license or registration ever been revoked or suspended? Or have you ever been censured, reprimanded or put on a period of probation for any certification/license/company registration?
YES NO

CERTIFICATION: I hereby certify that all of the information given in this application and any support documentation submitted are true and correct. I understand that any falsification could result in denial of my renewal application, suspension and/or revocation of my license and subjects me to civil penalties.

4 Signature of Applicant
The information contained in this application is true and correct to the best of my knowledge. I understand that falsification of any documents submitted to the department may be cause for denial or revocation of licensure under OAR 259-061-0300, and subject to a civil penalty under OAR 259-061-0200. I further understand that the information provided in this application will be used to conduct a background investigation.

Signature: _____ Date: _____