



HARRISONVILLE POLICE DEPARTMENT



APPLICATION FOR PRIVATE INVESTIGATOR

Pursuant to Section 620.020 of the Harrisonville Municipal Code, *"No person shall engage in the business of being a private investigator, private security officer or establish, conduct, maintain or operate an investigation agency or private security agency in the City without first having obtained a license to do so."*

Please complete the information below and attach a copy of your completed State of Missouri Application for Licensure-Private Investigator. If applicant is an agency, a complete application must be provided for all agency owners, managers, officers, directors, partners and employees.

1. Full name: _____
Last
First
Middle

2. Please list present and all previous occupations, including employer(s) and dates of employment:

Occupation	Employer(s)	Dates (MM/YY) to (MM/YY)

1. Number of years of experience you have as a private investigator or in the related fields: _____
2. How long have you been a bona fide resident of the State of Missouri immediately preceding the filing of this application? _____
3. Please provide a detailed description of the intended services or operation you intend to conduct:

A fingerprint background check conducted by the Missouri State Highway Patrol is required. Applicant must bring a check or money order made payable to "State of Missouri" to the Harrisonville Police Department and submit to fingerprinting prior to or upon submission of this application. **Applicant must not have ever been convicted of a felony or an offense involving violence, theft, fraud, deception, intoxication, disorderly conduct, sexual misconduct or unlawfully carrying a weapon, any of which shall be grounds for rejection of the application.**

All licensees whose duties include the carrying of weapons and firearms must also provide proof of:

- A comprehensive liability policy with a minimum policy amount of \$300,000.00
- Workers' Compensation coverage pursuant to the laws of the State of Missouri

- *Licensure is conditioned upon the full and faithful compliance with the provisions of this Code and City ordinances, the laws of the State of Missouri and of the United States of America regarding the negligent, reckless, willful, malicious or wrongful act of any such licensee. (CC 1977 §28-28; Ord. No. 2378 §1, 6-9-97)*
- Upon approval, the applicant will receive a license/photo identification card, which the licensee must carry and exhibit to any duly authorized Law Enforcement Officer or citizen upon request. (CC 1977 §25-31; Ord. No. 2378 §1, 6-9-97)
- Licensees may not be assigned or transferred to any other party. (CC 1977 §28-32; Ord. No. 2378 §1, 6-9-97)
- In the event that a private security officer or private investigator is expected to carry or possess any type of firearm or any other weapon during the routine discharge of their duty, the individual must first have been properly approved through the application process and have satisfactorily completed an appropriate training course as approved by the Chief of Police. The types of weapons which a licensee may carry may be restricted.
- All applications for a private security officer's license shall have completed a pre-approved course of training.
- A private security officer while discharging his/her duties under this Chapter shall not wear a uniform which resembles a uniform of the City Police Department. (CC 1977 §28-36; Ord. No. 2378 §1, 6-9-97)
- All licenses issued under the provisions of this Article may be renewed annually upon application and payment of the fee therefore as required by this Article.

Fees:	Private security agency or private investigation agency, per year	\$20.00
	Private investigator, per year	\$10.00
	Private security officer, not an employee of the firm, business, partnership, corporation or person whose premises he/she guards, per year	\$10.00
	Private security officer who is an employee of the firm, business, partnership, corporation or person whose premises he/she guards, initial investigation fee only	\$5.00



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
SOCIAL SECURITY NUMBER DISCLOSURE NOTICE

BOARD OF PRIVATE INVESTIGATOR EXAMINERS
 3605 MISSOURI BOULEVARD
 P.O. BOX 1335
 JEFFERSON CITY, MO 65102-1335
 TELEPHONE (573) 522-7744

PLEASE COMPLETE THIS FORM BY FILLING IN THE FOLLOWING INFORMATION AND RETURN WITH YOUR RENEWAL/APPLICATION.

NAME	SOCIAL SECURITY NUMBER
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SIGNATURE

You must provide your social security number pursuant to state and federal law.¹

Pursuant to these laws, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds a professional or occupational license (under certain circumstances, a person who owes overdue support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity for hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

- (1) for internal identification purposes (e.g., some licensing authorities use your social security number as your license number);
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

If you fail or refuse to provide your social security number, we will consider your application or renewal incomplete and return it to you. Continued failure or refusal to provide it is grounds for denial of your application and could result in disciplinary action against your certificate and/or permit to practice.

**ATTACH RECENT
 PASSPORT TYPE
 PHOTO HERE**

**PHOTO MUST BE ON
 PHOTO QUALITY PAPER
 APPROXIMATELY 2" X 2"**

¹Senate Bill 361, 89th General Assembly, First General Session (1997); Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193.



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR LICENSURE -
PRIVATE INVESTIGATOR**

MUST BE TYPED OR
PRINTED LEGIBLY

STATE BOARD OF PRIVATE INVESTIGATOR EXAMINERS	
LICENSE NO	APPROVAL DATE
FEE AMOUNT	DEPOSIT DATE

INSTRUCTIONS

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

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

SECTION 1 - PRIVATE INVESTIGATOR APPLICANT INFORMATION

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

Yes No If yes, please attach explanation.

FULL NAME (LAST, FIRST, MIDDLE)

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

NAME APPLICANT INTENDS TO CONDUCT BUSINESS AS (THIS NAME WILL APPEAR ON YOUR LICENSE)

HEIGHT	WEIGHT	HAIR COLOR	EYES	GENDER (VOLUNTARY)	RACE (VOLUNTARY)
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BUSINESS MAILING ADDRESS (STREET/PO BOX, CITY, STATE, ZIP CODE) THIS IS CONSIDERED YOUR OFFICIAL ADDRESS.

BUSINESS PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) - IF DIFFERENT THAN ABOVE

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

DATE OF BIRTH*	SOCIAL SECURITY NUMBER**	TELEPHONE NUMBER - OFFICE	TELEPHONE NUMBER - HOME
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TELEPHONE NUMBER - CELL PHONE	EMAIL ADDRESS (PLEASE PRINT)
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ARE YOU A UNITED STATES CITIZEN?
 Yes No (If no, please provide documentation establishing your legal alien status)

SECTION 2 - EXPERIENCE

NAME OF EMPLOYER	ADDRESS (STREET, CITY, STATE, ZIP CODE)	SUPERVISOR NAME	DATES OF EMPLOYMENT

SECTION 3 - OTHER STATE LICENSURE

ARE YOU LICENSED IN ANY OTHER STATES?
 Yes No (If yes, please complete below. If you are licensed in more than three (3) states, please provide additional information on separate sheet of paper.)

STATE	LICENSE/CERTIFICATE NUMBER	DATE OF ISSUANCE	CURRENT STATUS
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other

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

SECTION 4 - NATURE OF BUSINESS

PLEASE CHECK ALL BOXES THAT APPLY TO THE GENERAL NATURE OF BUSINESS THAT YOU INTEND TO ENGAGE.

- | | | |
|---|--|---|
| <input type="checkbox"/> Accident Reconstruction | <input type="checkbox"/> Adoption, Family and Probate Investigations | <input type="checkbox"/> Alarm and Monitoring Services |
| <input type="checkbox"/> Arson and Fire Investigation | <input type="checkbox"/> Asset Recovery and Searches | <input type="checkbox"/> Background and Employment Checks |
| <input type="checkbox"/> Civil Investigation | <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Criminal Investigations |
| <input type="checkbox"/> Equipment Sales and Leasing | <input type="checkbox"/> Financial Investigations | <input type="checkbox"/> Forensic Services |
| <input type="checkbox"/> General Investigations | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

SECTION 5 - NOTE: IF YOU ANSWER YES TO ANY OF THE QUESTIONS, ATTACH YOUR FULL EXPLANATION.

- | | |
|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> 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. |
| <input type="checkbox"/> YES <input type="checkbox"/> 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? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 3. Have you ever been convicted or entered a plea of guilty or nolo contendere to a felony offense, regardless of the disposition and including the receiving of a suspended imposition of sentence? |
| <input type="checkbox"/> YES <input type="checkbox"/> 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? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 5. Have you ever falsified or willfully misrepresented information in an employment application, records of evidence, or in testimony under oath? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 6. Have you ever been addicted to or dependent upon any illegal or prescription drugs or controlled substances, or an alcoholic beverage? |
| <input type="checkbox"/> YES <input type="checkbox"/> 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.

SECTION 6 - AFFIDAVIT OF APPLICANT

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 investigator 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 subject to the rules and regulations of the Missouri Board of Private Investigator Examiners. I subscribe and agree to abide by all applicable laws and rules regarding the practice of private 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 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 as a private investigator agency.

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

MUST BE SIGNED IN PRESENCE OF NOTARY	APPLICANT'S SIGNATURE	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
	USE RUBBER STAMP IN CLEAR AREA BELOW.	

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR LICENSURE – PRIVATE INVESTIGATOR

Please read these instructions carefully. Failure to complete the application properly and in its entirety could result in the delay of processing your application as well as the review and approval of your application for licensure.

Application – Page One (1)

Section 1 - Private Investigator Applicant Information

Full Name - You must provide your full first, middle and last name. This is the name that will appear on your license.

Business Mailing Address – This is considered your official primary “contact at” address with the Missouri Board of Private Investigator and Private Fire Investigator Examiners and is the address that will be available to the public via Professional Registration’s downloadable listing on the website or by someone contacting the office by telephone. Please note that all correspondence, renewal applications, newsletters etc from this office will be sent to this address.

Business Physical Address – You must provide a physical address for your private investigation business. This is not posted on the website or given to the public unless your physical address and mailing address are the same.

Date of Birth – Please note Missouri statutes require that all applicants be at least twenty-one (21) years of age.

Social Security Number and Disclosure Notice – You must provide your social security number on the application as well as completing the Social Security Disclosure Notice form. The disclosure notice informs you of the use of your social security number within the Board of Private Investigator and Private Fire Investigator Examiners and the Division of Professional Registration.

Section 2 – Experience

Please list the last two years of private investigation experience. If you are unable to provide two years experience list what experience you do have. If you do not have any experience, please indicate “none” on the first line.

Section 3 – Other State Licensure

Licensure History – If you hold licenses in more than three states, please provide that information on an additional piece of paper and attach it to your application.

Application – Page Two (2)

Section 4 - Nature of Business

Please check all the boxes that apply to the general nature of business that you conduct.

Section 5

If you answer yes to any of the questions in this section, please provide a full detailed explanation.

Section 6 – Affidavit of Applicant

Please read the affidavit before signing the application in the presence of a notary and then notarized.

Additional Information

APPLICATION FEE

Please submit the \$500.00 application fee. The application fee can be a personal check, money order or cashiers check made payable to the Board of Private Investigator and Private Fire Investigator Examiners. We apologize for the inconvenience but we cannot accept credit cards for payment of the application fee.

PHOTOGRAPHS

You will need to submit two (2) passport style photographs with your application. Please print your name on the back of the pictures and tape one picture in the box located on the bottom of the Social Security Disclosure Notice. You will need to send the other picture with your application, fee etc. The board recommends that you obtain your passport photo from a company that specializes in these kinds of photographs i.e., Fed Ex Office, Walgreens, Staples etc. If you have any questions, please contact the board office.

SOCIAL SECURITY NUMBER DISCLOSURE NOTICE:

Please complete the top portion of this form and send it with your application, fee and photographs.

PROOF OF LIABILITY AND WORKER'S COMPENSATION INSURANCE:

Please have your insurance agency or insurance carrier forward a Certificate Insurance as proof of liability insurance in amount of no less than \$250,000. The Certificate of Insurance must list the MO Board of Private Investigator and Private Fire Investigator Examiners as a certificate holder. The document may be mailed to the board office or faxed to 573-526-0661.

Proof of Worker's Compensation in the form of a Certificate of Insurance issued by your insurance agent or insurance carrier must also be forwarded to the MO Board of Private Investigator and Private Fire Investigator Examiners. If your business is not subject to the Worker's Compensation law, please mail or fax a written explanation.

CRIMINAL BACKGROUND CHECK AND FINGERPRINTING:

There are two options for submitting fingerprints to the board office. Section 43.543 RSMo of Missouri law authorizes state agencies to conduct a background check with the Missouri State Highway Patrol (MSHP) and the Federal Bureau of Investigation (FBI).

Option 1: If you choose this method for collection of fingerprints, results are typically received in the board office within 7-10 days after the fingerprints are collected.

Applicants within or close to Missouri may have their fingerprints electronically collected (See option #2 for manual collection of fingerprints)

FOR FINGERPRINTS ELECTRONICALLY COLLECTED (OPTION #1):

Effective immediately Cogent 3M is accepting appointments for fingerprint appointments on or after July 1, 2012. Please follow the steps outlined below.

- ***STEP 1:*** *You must register with the Missouri Automated Criminal History Site prior to Cogent 3M collecting your fingerprints. You may schedule your appointment with Cogent 3M by visiting the following website: www.machhs.org and go through the following steps:*

Choose "Click Here to Access MACHS Fingerprint Search Portal to schedule a background check by Fingerprints."

(NOTE: If you do not have internet access, please contact Cogent 3m at 877-862-2425 and a Fingerprint Services Representative will

	<p>register you.)</p> <ul style="list-style-type: none"> • STEP 2: Choose "I have a 4 digit Registration Number that was provided by my employer or licensing agency" (Note: the Registration Number for the Board of Private Investigator and Private Fire Investigator Examiners is 5415.) • STEP 3: Enter the Registration Number 5415 and press "Populate." • STEP 4: Complete the form. Note: Any fields with a red asterisk (*) must be filled in. • STEP 5: Answer no that your fingerprints are being collected because you are a volunteer. • STEP 6: You are not required to have notarized clearance letters. • STEP 7: You should be viewing your confirmation page. This confirmation page will provide you with your Transaction Control Number (TCN). This is a unique number and you will be able to use this number to inquire about the status of your background check. Click "Schedule Fingerprinting" and this will transfer you to Cogent's website to begin the scheduling and/or walk in fingerprint process. • STEP 8: Applicants will have the option to pay for their background check via credit or debit card online OR pay on-site by check, money order or cash. • STEP 9: Making the appointment - there are at least 52 fingerprint services sites throughout Missouri. All sites will have night/and or weekend hours. • STEP 10: You should see a confirmation screen once your appointment has been made. It is recommended that you print this page and take it with you to your appointment
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Option 2: If you choose to submit manually collected fingerprints, please allow 8 weeks for results to be received in the board office.

You will need to forward two fingerprint cards with your manual fingerprints on them to the board office along with a \$36.50 fee made payable to the Missouri Board of Private Investigator and Private Fire Investigator Examiners. If you are submitting an application at the same time you may send one check to cover the application fee(s) and the fingerprint fee. The board office has blank fingerprint cards that we can mail to you at your request or you can provide the office that is collecting your fingerprints with our ORI Number – MO920680Z, OCA Number – PI and Registration Number 5415.

EXAMINATION REQUIREMENT:

To be exempt from taking the examination you must provide ample documentation of 24 months of private investigation experience prior to the submission of your application. Make certain the documentation submitted clearly shows the applicant's experience. If you are unable to provide documentation of 24 months of private investigation experience prior to the submission of your application, you will be required to take the Private Investigator examination. Your application will be reviewed following receipt of all required documentation. Once determined the applicant will be required to take the examination, a study guide will be mailed along with an examination application and a list of examination dates.

Agency Employees are not required to take the examination as they are under the direct supervision of the licensed Private Investigator-in-charge.

APPLICATION FOLLOW-UP:

Once your application has been received and all documentation has been processed you will receive a follow up by e-mail or telephone informing you if items are still needed or when your application will be reviewed by the board.

Rev 007/2012 Rx