

JEFF LANDRY
GOVERNOR



State of Louisiana
Board of Private Investigator Examiners

LANCE WALLACE
WALTER T. ASMUSSEN
MARIA LANDRY
MARCAL POUILLARD
ANNETTE KOVAC
JONATHAN MITCHELL
PAUL DUGAS
PAT ENGLADE
EXECUTIVE DIRECTOR

TO CHANGE: **AGENCY NAME** _____
 AGENCY ADDRESS _____

ENCLOSE THE FOLLOWING DOCUMENTS AND/OR INFORMATION & RETURN:

NEEDED	ITEM OR INFORMATION
	Agency application showing new name and/or new address.
	Copy of new Occupational License showing new Agency name and address.
	For each investigator under the agency, complete items 1-5 of page 1 of Personal information/application. For additional investigators, this page may be photocopied.
	FEES Agency name change - \$30.00 for each person licensed under the agency. (Agency holder plus any additional individual/apprentice licensed under the agency.) Agency address change (city stays the same) - \$30.00 Agency address change (different city) - \$30.00 for each person licensed under the agency. (Agency holder plus any additional individual/apprentice licensed under the agency.) Return old certificates and old cards to Board office, when new credentials arrive.

**LOUISIANA STATE BOARD OF
PRIVATE INVESTIGATOR EXAMINERS**

DATE RECEIVED _____

DATE APPROVED _____

LICENSE NUMBER _____

**APPLICATION (AGENCY)
COMPANY, PARTNERSHIP OR CORPORATION**

Full Name of Company _____

Name of Applicant Representing Agency _____

Street Address of Main Office _____

Address of Branch Office(s) _____

Mailing Address _____

Telephone numbers _____ / _____ / _____
(Please note whether
office or home number) _____ / _____ / _____
_____ / _____ / _____

FAX _____ / _____ / _____
FAX _____ / _____ / _____
FAX _____ / _____ / _____

Date of Incorporation _____ / _____ / _____

Date of Partnership _____ / _____ / _____

State where Corporation is domiciled _____

State where Partnership was formed _____

Directors and officer of Corporation, or Partners in the Partnership _____

Chief Executive Officer _____

Mailing Address _____

City

State

Zip

Telephone _____ / _____ / _____

FAX _____ / _____ / _____

PRIVATE INVESTIGATOR EXAMINERS APPLICATION			FOR BOARD USE ONLY
Last Name	First Name	Middle Name	Date Received:
1. Agency Name			Date Approved:
Agency Street Address			License Number:
Agency Mailing Address			3. Social Security Number:
City	State	Zip	4. Driver's License No. & State:
2. Present Resident Address			5. Phone Numbers (Include Area Code):
City	State	Zip	Residence #
			Agency #