

JEFF LANDRY  
GOVERNOR



State of Louisiana  
Board of Private Investigator Examiners

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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.   |
|        | <b>FEES</b><br><b>Agency name change</b> - \$30.00 for each person licensed under the agency. (Agency holder plus any additional individual/apprentice licensed under the agency.)<br><b>Agency address change (city stays the same)</b> - \$30.00<br><b>Agency address change (different city)</b> - \$30.00 for each person licensed under the agency. (Agency holder plus any additional individual/apprentice licensed under the agency.) |

**LOUISIANA STATE BOARD OF  
PRIVATE INVESTIGATOR EXAMINERS**

**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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

