

## Private Investigator Journeyman Applicant

You have been provided an application so that you may apply for a private investigator journeyman level license. You must complete the entire application, being extremely detailed when providing information.

The journeyman application is a three page document and affidavit. Both sections must be completed in detail and must be notarized. Do not leave any questions unanswered.

The fingerprinting should be performed by someone competent in the area of fingerprinting. If there are smudges and smears, the cards are likely to be rejected and your application process will be stalled. Also, both cards must be properly filled out, providing all information on the cards.

The required COLOR photograph must be clear and precise and must be a 4 X 6 or a 5 X 7. Passport photographs are not acceptable as well as digital photographs. Reproductions and copies are also not acceptable. **YOUR PHOTO MUST LOOK EXACTLY LIKE THE EXAMPLE IN THE BACK OF THIS PACKET.**

The State Police documents and the fingerprint cards must be returned in the application package. You must provide a clear and concise copy of your driver's license.

The licensing fees are \$345.25 and are non-refundable.

If you are currently licensed as an INDIVIDUAL private investigator and are applying for a JOURNEYMAN level license, the fee is \$300.00. **The old individual license number is not transferable. You will be issued a new license number and new expiration date.**

After receiving your application, your finger prints will be sent to the State Police and the Federal Bureau of Investigation.

**If you do not prepare the application in detail and as requested, it will be returned to you, thus stalling your application process.**

## **Journeyman license**

**Journeyman license definition:** An individual license authorizing the individual to provide contract private investigator services to any agency licensed by the Louisiana State Board of Private Investigator Examiners.

**Journeyman license qualifications:** A journeyman applicant shall meet the same qualifications as an individual license holder and shall have successfully completed the forty hour basic private investigators course and subsequent examination.

**Journeyman license standards:** Journeyman license holders shall maintain a job log concerning each investigation they perform. The job log shall contain the following items:

1. Name of managing agency.
2. Reference.
3. Dates investigations were performed.
4. Total number of hours worked during the investigation.

**Journeyman license application:** The Journeyman license applicant is required to submit an affidavit acknowledging and accepting the Journeyman's license limitations. Those limitations include the following:

1. A Journeyman license holder shall only provide investigative services to agencies licensed under the Louisiana State Board of Private Investigative Examiners.
2. The Journeyman shall not provide direct investigative services to the general public, private businesses or government agencies.

**Journeyman management:** Each agency employing the services of a Journeyman shall supervise the activities of the journeyman in the same manner they would an apprentice or individual license holder.

Each agency employing the services for a journeyman shall also maintain and provide upon request of the Journeyman or Board, the total number of hours a journeyman worked each year.

**Agency licensing for Journeyman:** In order to transfer from a Journeyman license holder to an agency, the Journeyman shall prove their qualifications by providing documentation that clearly demonstrates their experience as a private investigator. This experience must demonstrate at least three years of full time employment as a licensed private investigator.

**Journeyman fees:** Fees for a journeyman license shall be equivalent to the fees for an agency license.

**Journeyman identification card:** The identification card of a journeyman shall have the words "Not an Agency" printed on the face of the card.

# AFFIDAVIT OF JOURNEYMAN

BEFORE ME, the undersigned Notary, personally came and appeared,

\_\_\_\_\_  
(Affiant's name)

who after being properly identified and sworn did depose and say:

I, \_\_\_\_\_, do hereby swear, certify, and affirm that I  
(Affiant's name)  
have read the rules and regulations for Licensing of Journeyman found at LAC  
46:LVII.510 and I understand that:

1. A Private Investigator Journeyman License Holder shall only provide investigative services to agencies licensed under the Louisiana State Board of Private Investigator Examiners.
2. A Private Investigator Journeyman License Holder shall not provide direct investigative services to the general public, private businesses or government agencies.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Printed Name of Affiant)

SWORN TO AND SUBSCRIBED before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, in the Parish of \_\_\_\_\_, State of Louisiana.

\_\_\_\_\_  
(Signature of Notary Public)

Printed Name  
of Notary Public:

Notary No.

Date commission expires:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notary  
Seal

SUBMIT TO:

Louisiana State Police  
Bureau of Criminal Identification and Information  
P.O. Box 66614 (Mail Slip A-6)  
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$19.25 FEE.

\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\*

\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\*

\*\*\*\*PLEASE PRINT\*\*\*\*

LA STATE BOARD OF PRIVATE INVESTIGATOR EXAMINERS		Gracie Smith
FACILITY OR AGENCY ADDRESS		FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE
2051 Silverside Drive, Suite 190		<i>Gracie Smith</i>
MAILING ADDRESS		SIGNATURE OF AUTHORIZED REPRESENTATIVE
Baton Rouge, LA	70808	(225 ) 763-3556
CITY	STATE	ZIP CODE
		FACILITY OR AGENCY PHONE NUMBER
		info@lsbie.com
		FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- |  |   |
|--|---|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET         | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH          |
| <input type="checkbox"/> CASA                            | <input type="checkbox"/> PHARMACY BOARD                   |
| <input type="checkbox"/> CONCEALED HANDGUNS              | <input type="checkbox"/> POST SECONDARY EDUCATION         |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE       | <input type="checkbox"/> PRACTICAL NURSING                |
| <input type="checkbox"/> DAYCARE                         | <input type="checkbox"/> PRIVATE ADOPTION                 |
| <input type="checkbox"/> DENTISTRY BOARD                 | <input type="checkbox"/> PRIVATE INVESTIGATORS            |
| <input type="checkbox"/> DEPARTMENT OF LABOR             | <input type="checkbox"/> PRIVATE SECURITY                 |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY     | <input type="checkbox"/> PUBLIC HOUSING                   |
| <input type="checkbox"/> EMPLOYERS                       | <input type="checkbox"/> PUBLIC TAG AGENT                 |
| <input type="checkbox"/> FIREFIGHTERS                    | <input type="checkbox"/> REGISTERED NURSING               |
| <input type="checkbox"/> GAMING                          | <input type="checkbox"/> RELIGIOUS ACTIVISTS              |
| <input type="checkbox"/> HEALTH CARE PROVIDER            | <input type="checkbox"/> RIVERBOAT PILOTS                 |
| <input type="checkbox"/> JUVENILE DETENTION CENTER       | <input type="checkbox"/> SCHOOL                           |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE         | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS  |
| <input type="checkbox"/> MANUFACTURED HOUSING            | <input type="checkbox"/> TAXI DRIVERS                     |
| <input type="checkbox"/> MEDICAL EXAMINERS               | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION    |
| <input type="checkbox"/> OCS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> VENDOR                           |
| <input type="checkbox"/> OCS CARETAKER                   | <input type="checkbox"/> VOLUNTEERS W/YOUTH SERVING ORG   |
| <input type="checkbox"/> OCS FOSTER/ADOPTIVE             | <input type="checkbox"/> WORKING WITH CHILDREN            |
| <input type="checkbox"/> OCS PERSONNEL                   | <input type="checkbox"/> AUTHORIZED AGENCY                |

APPLICANTS FULL NAME: \_\_\_\_\_  
\*\*\*\*PRINT - USE INK\*\*\*\*  
LAST FIRST MIDDLE  
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS SOCIAL SECURITY # \_ \_ - \_ - \_ DATE OF BIRTH: \_ / \_ / \_

DRIVERS LICENSE # \_\_\_\_\_ & STATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

POSITION OR LICENSE APPLIED FOR \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

JOURNEYMAN LICENSE APPLICATION				FOR BOARD USE ONLY					
Last Name		First Name		Middle Name		Date Received:			
1. Present Resident Address								Date Approved:	
City		State		Zip					
2. Mailing Address						License Number:			
City		State		Zip					
3. Social Security No.:									
4. Drivers License No. & State:									
5. Phone Numbers (Include Area Code):									
Residence #									
<b>Former Residence for Last 7 Years:</b>									
From		To		Street and Number		City, State, Zip Code			
Month		Year							
Month		Year							
Month		Year							
Month		Year							
<b>Description:</b>									
Age	Sex	Height	Weight	Hair	Eyes	Build	Complexion		
8. Date of Birth		9. Citizen of:			10. Place of Birth (City, State)				
11. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(ed) <input type="checkbox"/> Separated				Spouse's Name		Date and Place of Divorce or Separation			
12. Have you ever served in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No				Branch of Service		Dates of Service			
13. Are you now a member of a Reserve or NG Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, state unit designation and address.					
14. Have you ever been court martialled, fined, or disciplined under UCMJ or service regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No				If answer is yes, explain fully giving dates and location on separate sheet.					
15. Have you ever been convicted in any jurisdiction of any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				If answer is yes, please furnish complete details concerning the conviction(s) on a separate page.					
16. Are you now or have you ever been a member of, or have you supported any movement, group or organization which advocates the overthrow of the government of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No				If answer is yes, please furnish complete details on a separate page.					
17. Have you ever been denied or refused a license? <input type="checkbox"/> Yes <input type="checkbox"/> No				If your answer is yes, please furnish complete details on a separate page.					
18. Have you ever been convicted of a crime involving moral turpitude? <input type="checkbox"/> Yes <input type="checkbox"/> No				If your answer is yes, please furnish complete details on a separate page.					

19. List below all of your work experience in the last 7 years. If more space is needed, use a separate sheet.

A. Date of Employment From:            To:		Type of Business	Your Title or Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

  

B. Date of Employment From:            To:		Type of Business	Your Title or Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

C. Date of Employment From:            To:		Type of Business	Your Title or Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

20. Has your operator's license ever been suspended?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

21. REFERENCES: List 3 persons, not employers or relatives, who have a knowledge of your character and ability.

Name	Address	Occupation	Years Known
A.			
B.			
C.			

YOUR EMAIL ADDRESS: \_\_\_\_\_

	Grade Completed	Date Last Attended	Did You Graduate?	Name and Location of School
Elementary	1 2 3 4 5 6 7 8			
High School	9 10 11 12			
College and Other Schools Attended				

NOTICE: PLEASE SIGN BETWEEN THE LINES USING BLACK INK. ALSO, PLEASE WAIT TO SIGN UNTIL YOU ARE IN FRONT OF THE NOTARY. THEY HAVE TO WITNESS YOUR SIGNATURE.

### CERTIFICATE

I hereby certify that this application contains no willful misrepresentation or falsification, and that information given by me is true and complete to the best of my knowledge and belief.

I acknowledge that my signature below constitutes my consent for all information and references to be verified by the Board.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

Sworn to and Subscribed this \_\_\_\_\_ day of \_\_\_\_\_, before \_\_\_\_\_

Notary Public, Parish/County of \_\_\_\_\_ State of \_\_\_\_\_

\_\_\_\_\_ Notary Public

USE A SEPERATE SHEET FOR THE COPY OF YOUR DRIVER'S LICENSE.



**APPLICANT PROCESSING – DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND  
INFORMATION**

P.O. BOX 66614 (MAIL SLIP A-6)  
BATON ROUGE, LA 70896

LSPAPP5/R10.03

LA State Board of Private Investigator  
AGENCY  
Examiners

2051 Silverside Drive Ste. 190  
MAILING ADDRESS

Baton Rouge, LA 70808  
CITY STATE ZIP CODE

**NOTICE:**  
PLEASE PRINT OR TYPE INFORMATION,  
EXCLUDING ADMINISTRATORS OR  
AUTHORIZED PERSONS SIGNATURE.  
INCOMPLETE FORMS WILL NOT BE  
PROCESSED.

NAME

DATE OF BIRTH

RACE/SEX

SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY  
THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A  
REQUEST.

DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)

**NOTICE:** The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

**CRIMINAL HISTORY DETERMINATION:**

RAPSHEET ATTACHED

RESPONSE BELOW