



# CREDENTIALLED PRIVATE INVESTIGATOR APPLICATION

FOR OFFICE USE ONLY  
EFFECTIVE 8-2015  
EXPIRES \_\_\_\_\_  
PROCESSED BY \_\_\_\_\_

**NOTICE:** Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

**PURSUANT TO A.C.A § 17-40-301, IT IS UNLAWFUL TO PERFORM ANY FUNCTION REQUIRING A LICENSE, CREDENTIAL OR COMMISSION UNTIL SAID LICENSE, CREDENTIAL OR COMMISSION HAS BEEN ISSUED TO THE APPLICANT.**

**PLEASE TYPE OR PRINT LEGIBLY**

NAME OF COMPANY \_\_\_\_\_ CMPY # \_\_\_\_\_

NAME \_\_\_\_\_  
Last First MI

FOR OFFICE USE ONLY:  
Employee License Number

**PLEASE ATTACH TWO (2) CURRENT PASSPORT STYLE PHOTOS TO THIS APPLICATION.**  
Please write applicant's name on the back of the photograph

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_  
(MUST BE 21 YRS OLD)

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

APPLICANT PHYSICAL ADDRESS: \_\_\_\_\_  
Street/P.O. Box City County State/ZIP

APPLICANT MAILING ADDRESS: \_\_\_\_\_  
Street/P.O. Box City County State/ZIP

DRIVER'S LICENSE: \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_  
State Number

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
City County State Country

**\*\*\*IF YOU ARE A NON-U.S. CITIZEN, PLEASE ATTACH CURRENT/VALID PROOF OF ELIGIBILITY TO WORK IN THE U.S.**

**ALL APPLICANTS MUST HAVE A BACKGROUND CHECK. APPLICATION FEE AND BACKGROUND CHECK FEES MUST BE INCLUDED WITH THE SUBMISSION OF THIS APPLICATION.**

CREDENTIALLED PRIVATE INVESTIGATOR	FEE	\$450.00	CODE 20017
STATE BACKGROUND CHECK FEE	FEE	\$22.00	CODE 82006
FEDERAL BACKGROUND CHECK FEE	FEE	\$13.75	CODE 80009
			CODE 80011
FEDERAL BACKGROUND CHECK FEE	FEE	\$2.00	CODE 80006

**TOTAL AMOUNT DUE \$487.75**

DATE THIS APPLICATION WAS COMPLETED: \_\_\_\_\_  
**(APPLICATION MUST BE SUBMITTED TO THE ARKANSAS STATE POLICE WITHIN 14 CALENDAR DAYS AFTER DATE OF EMPLOYMENT).**

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**REQUIREMENTS**

**AN APPLICANT FOR A CREDENTIALLED PRIVATE INVESTIGATOR MUST BE UNDER THE DIRECT SUPERVISION OF A QUALIFIED MANAGER OF A CLASS A COMPANY.**

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**COMPANY NAME**

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**COMPANY LICENSE#**

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**QUALIFIED MANAGER SIGNATURE**

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**DATE**

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**CREDENTIAL#**

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**EXAMINATIONS**

ALL CREDENTIALLED PRIVATE INVESTIGATORS MUST TAKE THE EXAMINATION AND MUST SCORE SEVENTY PERCENT (70%) OR ABOVE IN ORDER TO CONSTITUTE SUCCESSFUL COMPLETION.

IF AN APPLICANT FAILS TO SUCCESSFULLY COMPLETE THE REQUIRED EXAMINATION HE OR SHE:

- MUST WAIT FIVE (5) WORKING DAYS IN ORDER TO RETAKE THE TEST
- MUST PAY A RE-EXAMINATION FEE OF \$50.00

FAILURE TO SUCCESSFULLY COMPLETE THE EXAMINATION AFTER TWO (2) ATTEMPTS SHALL RESULT IN CANCELLATION OF THE PENDING APPLICATION. UPON CANCELLATION, THE APPLICANT MUST RE-APPLY AS A NEW APPLICANT AND IS SUBJECT TO PAY REQUIRED APPLICATION FEES.

APPLICANTS WHO HAVE FIVE (5) YEARS OF CONSECUTIVE EXPERIENCE IN LAW ENFORCEMENT AND ARE CURRENTLY EMPLOYED IN LAW ENFORCEMENT OR RETIRED OR FORMER LAW ENFORCEMENT WITHIN THE PAS FIVE (5) YEARS ARE EXEMPT FROM EXAMINATION REQUIREMENTS.

HAVE YOU BEEN PREVIOUSLY LICENSED, CREDENTIALLED, OR COMMISSIONED?

NO

If yes, please provide the following information.

Previous Employer Name: \_\_\_\_\_

Date employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date employment ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Held: \_\_\_\_\_

The applicant must list all arrests, pending criminal charges, pleas of nolo contendere, pleas of guilty, or convictions for any felony, Class A misdemeanor, crime involving an act of violence, or crime involving moral turpitude. Include all those that have been sealed or expunged (**MUST PROVIDE COPY OF ORDER TO SEAL AND ORIGINAL JUDGMENT**).

**Rule 2.8. Prior offenses –**

**The Director of the Department shall deny an application if the applicant has been found guilty or has pleaded guilty or “nolo contendere” to any criminal offense listed in A.C.A. § 17-39-202, § 17-39-206, § 17-39-304, § 17-40-306, or § 17-40-337.**

**(a) A prior conviction will disqualify the applicant even if the conviction has been sealed or expunged; but (b) A prior conviction will not disqualify an applicant if the applicant has received a pardon for the conviction in accordance with A.C.A. § 16-93-201, et seq.**

**CHECK APPLICABLE BOX:**

NO, I DO NOT HAVE ANY RECORDS OF ARREST, PENDING CRIMINAL CHARGES, CONVICTION(S) OR PLEA(S) OF NOLO CONTENDERE OR GUILTY.

YES, I DO HAVE RECORDS OF ARREST, PENDING CRIMINAL CHARGES, CONVICTION(S) OR PLEA(S) OF NOLO CONTENDERE OR GUILTY.

LIST ALL RECORDS OF ARREST, PENDING CRIMINAL CHARGES, CONVICTION(S) OR PLEA(S) OF NOLO CONTENDERE OR GUILTY.

Charge	Location	Date	Disposition

**NOTICE: A VERIFIED STATEMENT (ANY COURT DOCUMENT, ARRESTING AGENCY REPORT OR INFORMATION FROM A PROSECUTOR’S OFFICE) REGARDING ANY CHARGE LISTED ABOVE MUST BE ATTACHED TO THIS APPLICATION.**

- Have you ever suffered from habitual drunkenness? Yes  No
- Have you ever suffered from narcotics addiction or dependence? Yes  No
- Have you been dishonorably discharged from the United States Armed Forces? Yes  No
- Have you been adjudicated as mentally incompetent? Yes  No
- Have you been involuntarily committed to a mental institution? Yes  No
- Have you been involuntarily committed to a mental health treatment facility? Yes  No
- Are you a registered sex offender or required to register as a sex offender? Yes  No

## VERIFICATION AND AUTHORITY TO RELEASE

### TO WHOM IT MAY CONCERN

Under penalty of A.C.A. § 5-53-103, I the undersigned hereby affirm that all information contained on this application is true and correct. I understand that knowingly giving a false statement or submitting a false document will subject me to criminal prosecution, preclude future Arkansas Private Security license, commission, or credential issuance, and/or immediate revocation of any license, commission, or credential already issued by the Department.

I understand that the Arkansas State Police will conduct a thorough background investigation before rendering a final decision regarding my eligibility for a License, Commission and/or Credential and this investigation will include, but not be limited to, inquiries as to my abilities, character, reputation, criminal record, and past employment record.

To facilitate this investigation, I do, hereby, give my consent and authority for any educational institution, hospital, mental institution, including specifically the Arkansas State Hospital and Veterans Administration Hospital, medical doctor, police agencies, the Arkansas Crime Information Center, Federal Bureau of Investigation, National Crime Information Center, Interstate Information Index, credit reporting agencies, former employers, and former business associates to furnish information from their records to the Arkansas State Police. I do, hereby, give my consent and authority that any information and/or evidence gathered or received by the aforementioned agencies may be submitted to any court, board, or commission in open hearing or court in any judicial or administrative proceeding.

With regard to any credit reporting agencies which might be contacted by the Arkansas State Police, I understand that I may inquire as to the identification of those credit reporting agencies contacted, and the Arkansas State Police will advise me as to the identity and the nature and scope of information they furnished.

**PRINT FULL NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### APPLICANT RECORD NOTIFICATION

***Notification:*** Fingerprints submitted will be used to check the criminal history records of the FBI.

***Obtaining Copy:*** Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

***Change, Correction, or Updating:*** Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

Rev. August 2015