



# OUT-OF-STATE CREDENTIALLED PRIVATE INVESTIGATOR NOTIFICATION

**FOR OFFICE USE ONLY**  
**EFFECTIVE 12-2016**  
EXPIRES \_\_\_\_\_  
PROCESSED BY \_\_\_\_\_

**NOTICE:** Information contained on this notification 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.

\*\*\*\*ANY PERSON WHO HOLDS A VALID LICENSE OR CREDENTIAL AS A PRIVATE INVESTIGATOR ISSUED BY ANOTHER STATE MAY OPERATE IN THIS STATE FOR UP TO TEN (10) CALENDAR DAYS WITHOUT BEING ISSUED A CREDENTIAL UNDER ARKANSAS LAW OR RULES. AN OUT OF STATE INVESTIGATOR SEEKING AUTHORIZATION UNDER THIS RULE MUST NOTIFY THIS DEPARTMENT IN WRITING UPON THE COMMENCEMENT OF AN INVESTIGATION. **(PLEASE ATTACH A COPY OF THE VALID LICENSE OR CREDENTIAL)**

**PLEASE TYPE OR PRINT LEGIBLY**

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

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

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

DATE INVESTIGATION BEGINS \_\_\_\_\_

DATE INVESTIGATION ENDS \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\* THIS FORM MAY BE FAXED TO OUR OFFICE AT 501-618-8125\*\*\*\*