

GEORGIA STATE BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES

PO BOX 13446

MACON, GA 31208

TELEPHONE: 478.207.2440 FAX: 478.207.1468

INFORMATION SHEET FOR COMPANY LICENSURE

IMPORTANT: All applications must be reviewed and approved by the Board *prior* to receiving an appointment to take the exam. See Board meeting schedule on our website, www.sos.state.ga.us/plb/detective
Complete applications must be received at least forty-five (45) days *prior* to the exam date. See the Exam Information on our website, www.sos.state.ga.us/plb/detective

IMPORTANT: Review the Qualifications for Examination listed below **BEFORE MAKING APPLICATION**. Ensure that you can qualify for the examination before you make application; otherwise, you risk the loss of the application fee. Application fees are **NON-REFUNDABLE**.

All company licenses are valid for two years, and expire on June 30 of odd years. Renewal fees will be due at that time to maintain the license. If your application for licensure is approved, your initial license may be valid for a shorter time period, due to the relation between the date your initial license is issued and the expiration date of all company licenses.

QUALIFICATIONS FOR PRIVATE DETECTIVE EXAMINATION (FROM O.C.G.A. § 43-38-6):

1. An applicant must be at least eighteen (18) years of age;
2. An applicant is a citizen of the United States, or a registered resident alien;
3. An applicant is of good moral character;
4. An applicant has not been convicted of a felony or any crime involving the illegal use, carrying, or possession of a dangerous weapon or any crime involving moral turpitude(see O.C.G.A. § 43-38-6(4) for board discretion in granting licensure);
5. An applicant has not committed an act constituting dishonesty or fraud;
6. An applicant must have at least one of the following qualifications:
 - A. Two (2) years of full-time experience as a registered private detective employee with a licensed detective company;
 - B. Two (2) years of full-time experience in law enforcement with a federal, state, county, or municipal police department as defined in OCGA § 35-8-2 (8);
 - C. A four (4)-year degree in criminal justice or a related field from an accredited college or university.

QUALIFICATIONS FOR PRIVATE SECURITY EXAMINATION (FROM O.C.G.A. § 43-38-6):

1. An applicant must be at least eighteen (18) years of age;
2. An applicant is a citizen of the United States, or a registered resident alien;
3. An applicant is of good moral character;
4. An applicant has not been convicted of a felony or any crime involving the illegal use, carrying, or possession of a dangerous weapon or any crime involving moral turpitude(see O.C.G.A. § 43-38-6(4) for board discretion in granting licensure);
5. An applicant has not committed an act constituting dishonesty or fraud;
6. An applicant must have at least one of the following qualifications:
 - A. Two (2) years of full-time experience as a supervisor or administrator in in-house security operations, or with a licensed security agency;
 - B. Two (2) years of full-time experience in law enforcement with a federal, state, county, or municipal police department as defined in OCGA § 35-8-2 (8);
 - C. A four (4)-year degree in criminal justice or a related field from an accredited college or university.

THE APPLICATION PROCESS

Submit a completed application. A completed application consists of the following information:

1. A company application with each question on the application answered to the best of the applicant's ability. The employee registration application is a necessary part of the company application package.
2. The appropriate application/exam fee. See the Fee Schedule in the application package, or on our website, for updated fee information. Fee should be payable to *Professional Licensing Boards Division*.
3. A completed LiveScan fingerprinting from an approved GAPS service site. Register for fingerprinting at www.ga.cogentid.com. If you prefer, you can register by phone at 1.888.439.2512.

When registering, the ORI number to use is GA920240Z.

The Verification Code is 920240Z.

****NOTE:** If the applying company is a partnership or corporate entity, the fingerprints submitted must be for the designee of the company.

4. A 2"X2" frontal view photograph of the applicant.
****NOTE:** If the applying company is a partnership or corporate entity, the applicant will be the designee of the company.
5. An original NOTARIZED letter of experience from the applicant's employer where the two years of experience was obtained. The letter must include the exact dates of full-time employment, and positions and duties held by the applicant. If the experience used to qualify the applicant is from law enforcement, the letter must include P.O.S.T. certification qualifications. The letter must be signed by the personnel department of the company/organization, or by a responsible officer/supervisor of the company/organization, on company letterhead.
****NOTE:** Certificates, Letters of Commendation, copies of licenses, resumes, self-written letters of experience, and like documents ARE NOT ACCEPTABLE as proof of two years of experience.
6. If the applying company is an out-of-state company, submit an original NOTARIZED letter of certification from the state(s) in which the company holds or has held a license. Additionally, the individual making application as the license holder for the company must submit an original NOTARIZED letter of certification from the state(s) in which the individual holds or has held a license or registration.
7. If the applying company is a Georgia corporate entity, submit CERTIFIED documentation that the applicant for the company is a corporate officer.
8. If applying with a four-year degree in criminal justice or a related field from an accredited college or university, the applicant must submit an original CERTIFIED transcript or letter in a sealed envelope from the institution. The sealed transcript or letter must be submitted with the application.
****NOTE:** A copy of the transcript or letter will not suffice.
9. The applicant must also submit an Application for Employee Registration to obtain a personal registration, IF:
 - i. Applying for a Private Detective Company license;
 - ii. Applying for a Private Detective/Security Company license;
 - iii. Applying for a Security Company license, AND the applicant will be armed.****NOTE:** An application for a weapon permit must be submitted with any Application for Employee Registration for a security guard registration.
10. Original Surety Bond (\$25,000) OR

**Original Certificate of Liability Insurance (\$1 million) OR
Certified Audited Financial Statement (in excess of \$50,000).**

****NOTE: Bond/Insurance/Financial Statement is not required until successful completion of exam.**

The applicant for an approved application will be notified of the date, time, and location of the exam(s) for which the applicant is eligible approximately two weeks prior to the examination date.

Disapproved applicants will be notified by the Board office, and will be required to submit a new complete application and application fee.

EXAMINATIONS

The Board does not provide study material. The very broad nature of the scope of practice makes it difficult to provide study material.

****The Board office staff does not have information on where study material may be obtained.**

The Private Detective examination will consist of questions in the following areas:

- **Legal observation/surveillance**
- **Gun safety and handling**
- **Obtaining and preserving evidence**
- **Interview/interrogation**
- **Client relation/administration**

The Security Company examination will consist of questions in the following areas:

- **Search and seizure**
- **Use of force**
- **Rights of privacy**
- **Carrying arms**
- **Transfer of detainee/offender**
- **Scope of services**
- **Developing service plans/contracts**
- **Liability**

****If you have a disability and may require an accommodation, complete the “Request for Disability Accommodation Guidelines” form and return with your application and acceptable documentation of your disability.**

The Examination Section of the Professional Licensing Boards Division will notify all applicants of the exam scores.

Unsuccessful applicants must submit another exam fee with notification to the Board office of their intent to retake the exam(s). Refer to the website for the dates for examinations.

Successful applicants must submit to the Board office the remaining items necessary to complete the application:

1. **Appropriate License Fee.**
2. **Original \$25,000 Surety Bond with the company name exactly as it appears on the application, OR**
3. **\$1 million (\$1,000,000) General Liability Certificate of Insurance, indicating the policy number AND the certificate holder as: Georgia State Board of Private Detective & Security Agencies, 237 Coliseum Drive, Macon, GA 31217, OR**

4. A certified audited financial statement showing a net worth in excess of \$50,000.00.
5. Any other information requested by the Board.

Once all the required information and fee has been submitted, processed, reviewed, and determined complete, the license will be issued.

HELPFUL HINTS

- **Review the qualifications before you apply.** Ensuring that you qualify for the license you seek to obtain before submitting an application and fee will help prevent the loss of the non-refundable application fee, should you discover later that you are not qualified.
- Ensure that the training instructor utilized by the company is certified by the Board. To verify that a prospective instructor is certified by the Board, you can verify licensure on our website by clicking the link entitled “License Verification” and following the instructions.
- **Review your application thoroughly before you submit it to the Board office.** Every question must be answered to the best of your ability. Failure to do so will result in return of your application and delay in Board review. Ensure that the Application for Employee Registration is included in your submission.
- You may have your fingerprints processed at an approved GAPS service site prior to submitting your application. **When registering, the ORI number to use is GA920240Z. The Verification Code is 920240Z.** Your application will not be reviewed by the Board until we receive the results of your fingerprint-based background check.
- **Ensure that the proof of experience is original and notarized by the employer with whom you received the experience.** Remember that certificates and letters of commendation will not suffice for proof of experience. Failure to do so may result in return of your application and delay in Board review.
- **Ensure that the appropriate fee is paid for the application you are submitting.**
- Ensure that the bond or certificate of insurance indicates your company name exactly as it appears on your application. Also ensure that the certificate of insurance indicates the holder as the Georgia State Board of Private Detective & Security Agencies, 237 Coliseum Drive, Macon, GA 31217. Failure to ensure that this information is accurate will result in return of your application and delay in issuing your license. Also ensure that the bond is signed by the applicant. Do not write the business name in the signature line.
- If applying as a corporate entity, ensure that the proper corporate documents are submitted that indicate that the designee for the company license is an officer of the corporation.

All information should be mailed to the Board office by addressing correspondence to:

Georgia State Board of Private Detective & Security Agencies
PO Box 13446, Macon, GA 31208

GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES

FEE SCHEDULE

ALL APPLICATION FEES ARE NON-REFUNDABLE

COMPANY LICENSURE FEES

INITIAL LICENSURE	APPLICATION/ EXAM FEE	LICENSE FEE	TOTAL FEE
Detective Company	\$175.00	\$300.00	\$475.00
Security Company	\$175.00	\$500.00	\$675.00
Detective & Security Company	\$250.00	\$700.00	\$950.00

ADDITIONAL COMPANY FEES

Fee for Each Examination Retake	\$ 75.00
Replacement Fee for Lost or Destroyed License	\$ 25.00
Application Fee for Change of Company Name (Change in ownership structure, such as from a sole proprietorship to a partnership or corporation, requires a new application and licensing fees.)	\$ 25.00 per license & employee registration card reprinted
Application Fee for Change of Address (Change of address requires an updated bond or certificate of liability insurance, indicating the new address.)	\$ 25.00 per license & employee registration card reprinted
Renewal Fee - Detective Company	\$ 300.00
Late Renewal Fee – Detective Company	\$400.00
Reinstatement Fee – Detective Company	\$450.00
Renewal Fee - Security Company	\$500.00
Late Renewal Fee – Security Company	\$600.00
Reinstatement Fee – Security Company	\$750.00
Renewal Fee - Detective & Security Company	\$700.00
Late Renewal Fee – Detective & Security Company	\$800.00
Reinstatement Fee – Detective & Security Company	\$1050.00

EMPLOYEE REGISTRATION FEES

Unarmed Detective Employees	\$ 45.00
Armed Detective Employees	\$ 70.00
Armed Security Guard Employees	\$ 70.00
Armed Detective/Security Guard Employees	\$ 70.00
Renewal Fee – All Employee Registrations	\$ 65.00
Late Renewal Fee – All Employee Registrations	\$ 80.00
Fee for Additional Weapon, or Change of Weapon Type	\$ 25.00
Replacement Fee for Lost or Destroyed License	\$ 25.00

TRAINING INSTRUCTOR FEES

Certification of Training Instructor Fee	\$100.00
Renewal Fee	\$100.00
Late Renewal Fee	\$150.00
Replacement Fee for Lost or Destroyed License	\$ 25.00

**GEORGIA BOARD OF PRIVATE DETECTIVES
& SECURITY AGENCIES**
PO BOX 13446
MACON, GA 31208
TELEPHONE 478.207.2440
www.sos.state.ga.us/plb/detective

DO NOT WRITE IN THIS SECTION
RECEIPT # _____
AMOUNT _____
APPLICANT # _____
INITIAL _____ **DATE** _____

APPLICATION FOR COMPANY LICENSE

APPLICATION IS BEING MADE FOR (CHECK APPROPRIATE BOX):

<input type="checkbox"/> PRIVATE DETECTIVE AGENCY	<input type="checkbox"/> PRIVATE DETECTIVE & SECURITY AGENCY
<input type="checkbox"/> PRIVATE SECURITY AGENCY	<input type="checkbox"/> IN-HOUSE SECURITY COMPANY
<input type="checkbox"/> REINSTATEMENT OF LICENSE NO. _____	*REINSTATEMENT IS AT THE BOARD'S DISCRETION

TYPE OF OWNERSHIP:

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LLC

LEGAL NAME OF BUSINESS: _____

IF BUSINESS IS A SOLE PROPRIETORSHIP, LEGAL NAME IS THE OWNER'S NAME

FEDERAL EMPLOYER'S ID: _____

TRADE NAME/DBA NAME: _____

BUSINESS TELEPHONE: _____

AREA CODE

PHYSICAL LOCATION ADDRESS OF YOUR HOME OFFICE: (CANNOT USE A P.O. BOX)

STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTY

MAILING ADDRESS, IF DIFFERENT FROM PHYSICAL LOCATION ADDRESS:

ADDRESS			
CITY	STATE	ZIP CODE	COUNTY

NAME OF DESIGNEE OF THE AGENCY: _____

RESIDENTIAL ADDRESS OF DESIGNEE

ARE YOU KNOWN BY ANY OTHER NAME(S)?

OFFICE OR POSITION OF DESIGNEE:

PLACE OF BIRTH: _____

DATE OF BIRTH : ____/____/____

U.S. CITIZEN: ____ YES ____ NO

IF NO, LIST CITIZENSHIP: _____

AND SUBMIT A COPY OF YOUR ALIEN REGISTRATION

SOCIAL SECURITY NO.*: ____-____-____

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001.

HEIGHT: ____ **WEIGHT:** ____ **EYES:** ____

HAIR: _____

GENDER : ____ MALE ____ FEMALE

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE OWNER (OR THE DESIGNEE, IF THE BUSINESS IS A PARTNERSHIP, CORPORATON, OR LIMITED LIABILITY COMPANY)

BACKGROUND INVESTIGATION QUESTIONNAIRE

As part of a background investigation to determine your suitability for the issuance of a registration by the Georgia Board of Private Detective & Security Agencies, you are required to answer the following questions. If you answer "Yes" to any questions, give a brief explanation of your answer, including dates and places of arrest(s) &/or conviction(s). Attach additional pages, if necessary. **Convictions will require certified copies of final court dispositions to be included with this application. Failure to provide final dispositions will delay consideration of your application.**

1. Are there currently any charges pending against you for a criminal offense? YES NO

2. Are you under indictment or information in any court for a felony, or any other crime, for which a judge could imprison you for more than one year? YES NO

3. Have you been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? YES NO

4. Have you ever entered a plea pursuant to the provisions of the "Georgia First Offender Act", or any other first offender act? **You must respond "Yes", if you pled and completed probation as a First Offender.** YES NO

5. Are you a fugitive from justice? _____ YES NO
6. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? _____ YES NO

7. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs), or have you ever been committed to a mental institution? _____ YES NO
8. Have you been discharged from the Armed Forces under dishonorable conditions? _____ YES NO
9. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? _____ YES NO

10. Have you been convicted in any court of a misdemeanor crime of domestic violence? _____ YES NO
11. Have you ever renounced your United States citizenship? _____ YES NO
12. Are you an alien illegally in the United States? _____ YES NO
13. Have you, or any company in which you are or were a principal, ever been the subject of an investigation or litigation that was conducted by a federal, state, or local agency? _____ YES NO

14. Have you ever had a professional license or certification revoked, suspended, or modified for any reason? _____ YES NO
15. Have you ever been reprimanded, placed on probation, or otherwise disciplined by a professional licensing or certification body? _____ YES NO
16. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct? _____ YES NO
17. Have you ever resigned or been discharged from any position with criminal or administrative charges pending against you? _____ YES NO
18. Have you ever been prohibited from doing business with the State of Georgia, the United States Government, or any local or state government? _____ YES NO
19. Have you ever been registered with a licensed company as a private detective or security guard employee in any state? If so, list registration number, company, and approximate date of registration: _____ YES NO
20. Is the agency now, or has the agency previously been licensed as a private detective &/or private security agency in Georgia, or in any other state? If so, list the state(s) and the expiration date(s) of the license(s). _____ YES NO
21. Has the agency ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of, or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state? **If so, you must attach a detailed explanation.** YES NO

AFFIDAVIT

I Hereby swear or affirm that the answers to the Background Investigation Questionnaire are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a registration from the Georgia Board of Private Detective & Security Agencies.

STATE OF GEORGIA
 COUNTY OF _____

 SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

 PRINT NAME

 NOTARY PUBLIC

 DATE

MY COMMISSION EXPIRES: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE OWNER (OR THE DESIGNEE, IF THE BUSINESS IS A PARTNERSHIP, CORPORATON, OR LIMITED LIABILITY COMPANY)

ADDRESS HISTORY

STARTING WITH YOUR CURRENT RESIDENTIAL ADDRESS, LIST YOUR PREVIOUS ADDRESSES FOR THE PAST **FIVE (5)** YEARS. DATES MUST BE PROVIDED, **WITHOUT GAPS**. IF NECESSARY, USE ADDITIONAL PAGES.

DATES		STREET ADDRESS	CITY	STATE	ZIP CODE
FROM	TO				

EMPLOYMENT HISTORY

STARTING WITH YOUR CURRENT EMPLOYER, LIST YOUR EMPLOYMENT FOR THE PAST **FIVE (5)** YEARS. ALL TIME MUST BE ACCOUNTED FOR, INCLUDING PERIODS OF UNEMPLOYMENT. ALL BLOCKS MUST BE COMPLETED. IF NECESSARY, USE ADDITIONAL PAGES.

DATES		EMPLOYER	POSITION HELD	SUPERVISOR
FROM	TO			

QUALIFYING EXPERIENCE

Have you ever held a position of supervisor or administrator with a licensed private security agency or with in-house security operations? If so, provide the following information: YES NO

Agency or In-House Operations Name: _____

Title Held: _____ No. of Years: _____ No. of Security Personnel Under Your Supervision: _____

You must provide an original notarized letter from the employer, verifying your experience.

Have you been employed full-time with a licensed private detective agency? If so, list your registration number _____ and agency name _____ YES NO

You must also provide verification of experience as detailed in the instructions.

Have you ever held a license for a private investigative agency, private security agency, or licensed in-house security operations? If so, provide the following information: YES NO

Agency or In-House Operations Name: _____

Other Business Name(s) Used : _____

Agency License Number: _____

Are you now, or have you ever been certified through P.O.S.T.? YES NO

If yes, you must provide a copy of your certification.

If yes, provide the type of certification: _____.

Have you ever had a disciplinary action taken against your certification? **If yes, you must provide documentation of the case, including the final outcome.** YES NO

Have you served in the armed forces? **Attach a copy of your Form DD-214.** YES NO

If so, please list the highest rank achieved: _____

List any duties assigned or experience gained that you feel qualify you to hold a license for private detective or security agency:

Have you obtained a four-year degree from a college, university, or institution of higher learning with a major in Criminal Justice or a related field? If yes, complete the following: YES NO

Name of Institution: _____ Degree(s) Earned: _____

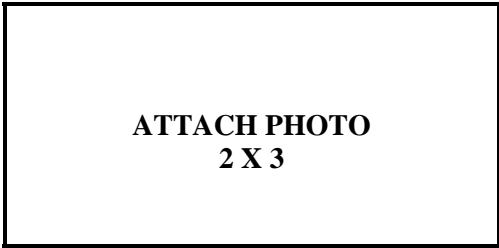
In what field(s)?: _____

**** You must provide an original certified copy of the transcript or an original letter from the institution verifying this information. ****

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I authorize the Georgia Board of Private Detective & Security Agencies to conduct a background investigation of me to determine my suitability for a registration. I give my consent for full and complete disclosure of all records and information concerning myself to the Board or authorized representatives, whether such records and information are of a public, private, or confidential nature, to include criminal history records.

Full Name Printed	Sex	Race
Social Security Number		Date of Birth
Street Address		Home Phone Number
City, State, Zip Code		Work Phone Number
Signature		Date



OWNERSHIP/RELATIONSHIP INFORMATION

SOLE PROPRIETORSHIP

OWNER NAME: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

CORPORATIONS & LIMITED LIABILITY COMPANIES

DATE REGISTERED WITH GA SECRETARY OF STATE: _____

**LIST PRINCIPAL OFFICERS
(ATTACH ADDITIONAL PAGES, IF NECESSARY)**

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PARTNERSHIPS

**LIST PARTNERS
(ATTACH ADDITIONAL PAGES, IF NECESSARY)**

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE

DESIGNEE FOR A CORPORATION OR LLC

PLEASE PRINT NAMES

I, _____, HEREBY NAME
PRESIDENT OR SECRETARY OF CORPORATION OR LLC

DESIGNEE

AS THE DESIGNATED AGENT FOR THE CORPORATION OR LLC THAT APPEARS ON THIS APPLICATION FOR LICENSURE. THIS AFFIDAVIT GIVES THE DESIGNEE ALL RIGHTS AND RESPONSIBILITIES OF A LICENSE HOLDER ON BEHALF OF THE CORPORATION OR LLC AND SHALL PROVIDE THAT ACTIONS OR OMISSIONS OF THE CORPORATION OR LLC, ITS OFFICERS, EMPLOYEES, AGENTS, ASSIGNS, OR DESIGNEES IN VIOLATION OF THE GEORGIA PRIVATE DETECTIVE & SECURITY AGENCIES ACT OR IN VIOLATION OF THE GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES RULES SHALL SUBJECT THE LICENSE HOLDER AND THE CORPORATION OR LLC TO ANY SANCTIONS WHICH MAY BE IMPOSED UNDER THE GEORGIA PRIVATE DETECTIVE & SECURITY AGENCIES ACT OR UNDER THE GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES RULES.

WE UNDERSTAND THAT THE LICENSE IS NOT TRANSFERRABLE, AND SHOULD THE DESIGNATED AGENT TERMINATE EMPLOYMENT OR OTHERWISE BECOMES UNAUTHORIZED TO HOLD THE LICENSE, A NEW APPLICATION WILL BE REQUIRED.

SIGNATURES

PRESIDENT OR SECRETARY OF CORPORATION OR LLC

DATE

DESIGNATED LICENSE HOLDER

DATE

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

SEAL

**LIST PHYSICAL LOCATIONS OF ALL CURRENT GEORGIA OFFICES
ATTACH ADDITIONAL PAGES, IF NECESSARY**

STREET ADDRESS				
CITY	STATE	ZIP CODE	COUNTY	

STREET ADDRESS				
CITY	STATE	ZIP CODE	COUNTY	

Provide information on the types of services your agency will offer:

AFFIDAVIT

I certify and declare that I am of good moral character and that all information contained in this application is true and correct, to the best of my knowledge. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

I understand that company-provided training must be performed only by instructors licensed by the Board.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, **the Board my suspend my license without a prior hearing.** I shall be entitled to a hearing after the suspension of my registration.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

DATE

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____



GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES

STATE OF GEORGIA

BOND

BOND NUMBER: _____

COUNTY _____

KNOW ALL MEN BY THESE PRESENTS

That we, _____, as
Principal/Licensee, and

_____ as Surety/Company, are held and firmly bound
unto **HIS EXCELLENCY**, Governor of Georgia, and his successors in office in the just sum of **TWENTY-FIVE THOUSAND
AND NO/100 (\$25,000) DOLLARS**, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors
and administrators, each and every one of them, jointly and severally, by these presents.

It is further understood and agreed that this bond is for a period beginning on the _____ day of
_____, _____, and ending on the _____ day of _____.

Whereas, the above bound Principal/Licensee has made application to the Georgia Board of Private Detective & Security
Agencies for a license as Private Detective/Security Agency in accordance with the laws governing the Private Detective and
Security Agencies in the State of Georgia;

It is a condition of this bond that the said Principal/Licensee is to comply with all of the laws governing the acts of Private
Detective and Security Agencies in Georgia.

A further condition of this bond is that the Principal/Licensee and Surety/Company to this bond shall be subject to suit by
action thereon for the purpose of indemnifying any persons aggrieved by any act of the Principal/Licensee, which act is in violation
of Code Section 43-38 and would be grounds for denial, suspension, or revocation of a license under Code Section 43-38-11. Any
and all damages paid shall not exceed the amount of this bond.

Now, should the said Principal/Licensee, faithfully perform all his duties under Code Section 43-38 as a Private
Detective/Security Agency during the term for which he has been licensed, then the above bond is to be void upon expiration of his
license, else to be in full force and effect.

IN WITNESS WHEREOF, the Principal/Licensee and Surety/Company have caused these presents to be duly signed
and executed under seal, this _____ day of _____.

Signature of Principal/Licensee

Surety/Company – Name of Company

Address

Countersigned:

Resident Agency

By Attorney-in-Fact

IMPORTANT: BOND MUST BE SIGNED – POWER OF ATTORNEY MUST BE ATTACHED

CANCELLATION CLAUSE – No licensee shall cancel or cause to be canceled a bond ... issued pursuant to
this Code section unless the board is so informed in writing by certified mail or statutory overnight delivery at
least 30 days prior to the proposed cancellation. O.C.G.A. Section 43-38-6(d)(1).

STAFF COMMENTS:

() **INCOMPLETE** (NOTE INCOMPLETE ITEMS FOR NOTIFICATION TO APPLICANT):

() **APPROVED** (APPLICANT WILL BE SCHEDULED FOR EXAM(S).)

() **APPROVED PENDING** (LIST PENDING ITEMS, WHICH, WHEN RECEIVED & MEETING BOARD CRITERIA, WILL COMPLETE THE APPLICATION. APPLICANT WILL BE SCHEDULED FOR EXAM(S).)

() **DISAPPROVED** (MARKING THIS CATEGORY WILL RESULT IN APPLICANT RECEIVING A DENIAL LETTER. APPLICANT MUST BEGIN THE PROCESS OVER, WITH NEW APPLICATION AND FEES.)

REASONS:

Date: _____

Signature of Board Members:

OFFICE USE ONLY:
REGISTRATION NUMBER: _____

**GEORGIA BOARD OF PRIVATE DETECTIVES
& SECURITY AGENCIES**
PO BOX 13446
MACON, GA 31208
TELEPHONE 478.207.2440
www.sos.state.ga.us/plb/detective

DO NOT WRITE IN THIS SECTION
RECEIPT # _____
AMOUNT _____
APPLICANT # _____
INITIAL ____ DATE _____

APPLICATION FOR EMPLOYEE REGISTRATION

TYPE OF WEAPON APPLIED FOR:

NO WEAPONTHIS DESIGNATION ONLY APPLIES TO PRIVATE DETECTIVE EMPLOYEES**

EXPOSED : **SHOTGUN** ** REQUIRES WRITTEN REQUEST FROM EMPLOYER, DETAILING DUTIES

CONCEALED ** REQUIRES WRITTEN REQUEST FROM EMPLOYER, DETAILING DUTIES

TYPE OF REGISTRATION APPLIED FOR:

PRIVATE DETECTIVE EMPLOYEE PRIVATE SECURITY GUARD EMPLOYEE PRIVATE DETECTIVE/SECURITY EMPLOYEE

IN-HOUSE DETECTIVE EMPLOYEE IN-HOUSE SECURITY GUARD EMPLOYEE

EMPLOYEE NAME:
FIRST MIDDLE LAST

SOCIAL SECURITY NO.*: _____ - _____ - _____
*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.
U.S. CITIZEN : ____ YES ____ NO*
*LIST CITIZENSHIP: _____
& SUBMIT A COPY OF REGISTRATION CARD
PLACE OF BIRTH:
CITY STATE OR COUNTRY
AGE: _____
DATE OF BIRTH : ____/____/____
GENDER : ____ MALE ____ FEMALE
HEIGHT WEIGHT EYES HAIR

CURRENT RESIDENCE ADDRESS

STREET(INCLUDE APT/LOT #) CITY COUNTY STATE ZIP CODE TELEPHONE NUMBER

COMPANY AFFILIATION

COMPANY NAME
ADDRESS(STREET, SUITE #) CITY STATE ZIP CODE
THIS SECTION MUST BE COMPLETED
COMPANY LICENSE NUMBER
COMPANY TELEPHONE NUMBER

BACKGROUND INVESTIGATION QUESTIONNAIRE

As part of a background investigation to determine your suitability for the issuance of a registration by the Georgia Board of Private Detective & Security Agencies, you are required to answer the following questions. If you answer "Yes" to any questions, give a brief explanation of your answer, including dates and places of arrest(s) &/or conviction(s). Attach additional pages, if necessary. **Convictions will require certified copies of final court dispositions to be included with this application. Failure to provide final dispositions will delay consideration of your application.**

1. Are there currently any charges pending against you for a criminal offense? YES NO

2. Are you under indictment or information in any court for a felony, or any other crime, for which a judge could imprison you for more than one year? YES NO

3. Have you been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? YES NO

4. Have you ever entered a plea pursuant to the provisions of the "Georgia First Offender Act", or any other first offender act? **You must respond "Yes", if you pled and completed probation as a First Offender.** YES NO

5. Are you a fugitive from justice? _____ YES NO
6. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? _____ YES NO

7. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs), or have you ever been committed to a mental institution? _____ YES NO

8. Have you been discharged from the Armed Forces under dishonorable conditions? YES NO

9. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? YES NO

10. Have you been convicted in any court of a misdemeanor crime of domestic violence? YES NO

11. Have you ever renounced your United States citizenship? YES NO

12. Are you an alien illegally in the United States? _____ YES NO
13. Have you, or any company in which you are or were a principal, ever been the subject of an investigation or litigation that was conducted by a federal, state, or local agency? YES NO

14. Have you ever had a professional license or certification revoked, suspended, or modified for any reason? _____ YES NO
-
15. Have you ever been reprimanded, placed on probation, or otherwise disciplined by a professional licensing or certification body? _____ YES NO
-
16. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct? _____ YES NO
-
17. Have you ever resigned or been discharged from any position with criminal or administrative charges pending against you? _____ YES NO
-
18. Have you ever been prohibited from doing business with the State of Georgia, the United States Government, or any local or state government? _____ YES NO
-
19. Have you ever been registered with a licensed company as a private detective or security guard employee in this state? If so, list registration number, company, and approximate date of registration: _____ YES NO

AFFIDAVIT

I Hereby swear or affirm that the answers to the Background Investigation Questionnaire are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a registration from the Georgia Board of Private Detective & Security Agencies.

STATE OF GEORGIA
 COUNTY OF _____

 SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
 _____ DAY OF _____, _____

 PRINT NAME

 NOTARY PUBLIC
 MY COMMISSION EXPIRES: _____

 DATE

ADDRESS HISTORY

STARTING WITH YOUR CURRENT ADDRESS, LIST YOUR PREVIOUS ADDRESSES FOR THE PAST FIVE (5) YEARS. DATES MUST BE PROVIDED, WITHOUT GAPS. IF NECESSARY, USE ADDITIONAL PAGES.

DATES		STREET ADDRESS	CITY	STATE	ZIP CODE
FROM	TO				

EMPLOYMENT HISTORY

STARTING WITH YOUR CURRENT EMPLOYER, LIST YOUR EMPLOYMENT FOR THE PAST FIVE (5) YEARS. ALL TIME MUST BE ACCOUNTED FOR, INCLUDING PERIODS OF UNEMPLOYMENT. ALL BLOCKS MUST BE COMPLETED. IF NECESSARY, USE ADDITIONAL PAGES.

DATES		EMPLOYER	POSITION HELD	SUPERVISOR
FROM	TO			

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I authorize the Georgia Board of Private Detective & Security Agencies to conduct a background investigation of me to determine my suitability for a registration. I give my consent for full and complete disclosure of all records and information concerning myself to the Board or authorized representatives, whether such records and information are of a public, private, or confidential nature, to include criminal history records.

Full Name Printed

Sex

Race

Social Security Number

Date of Birth

Street Address

Home Phone Number

City, State, Zip Code

Work Phone Number

Signature

Date

**ATTACH PHOTO
2 X 3**

ADDITIONAL EXPERIENCE

List any additional experience you have which has not been addressed and which you feel qualifies you for registration under the Private Detective and Security Agencies Act. Attach any documentation necessary as proof of training and/or experience.

AFFIDAVITS

I certify and declare that I am of good moral character and that all information contained in this application is true and correct, to the best of my knowledge. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, **the Board my suspend my registration without a prior hearing.** I shall be entitled to a hearing after the suspension of my registration.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

DATE

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

I certify and declare that the above employee has been given the minimum training required under the rules and regulations of the Board, and that the employee is qualified by training to be registered as an employee by the Private Detective and Security Agencies Board. I further certify and declare that a name character background check has been made by my company on the employee, which indicates that the employee has had no felony convictions and has not displayed a disregard for the law.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE EMPLOYER

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

DATE

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

BOARD RULE 509-4-.01(1) & (2) WEAPONS. AMENDED.

(1) No person licensed by the board to carry a firearm shall carry any firearm which is not in operable condition and capable of firing live ammunition, and when carrying such a weapon, the licensee shall have on his person live ammunition capable of being fired in the weapon which he carries.

(2) No person licensed or registered by the board to provide security services shall carry a firearm while performing services for a private security agency or in-house security agency except while providing actual security services or while going directly to and from work (no stopovers allowed en route to or from work). Under no condition will a licensee, registrant or any other employee or agent of a licensee carry any sort of firearm or have anyone accompanying them who is carrying a firearm while soliciting new or prospective clients.

TRAINING AFFIDAVITS

I have read Board Rule 509-4-.01(1) & (2) and understand my responsibility to abide by the mandates of the rule. If granted a permit, I shall wear the firearm in the manner prescribed by law.

DATE
STATE OF GEORGIA
COUNTY OF _____
SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

I declare that the above employee is qualified to carry a firearm by reason of having received classroom instruction in the use of firearms by a board-approved instructor, having received firearm range instruction, and having passed the Standard Practical Pistol Course.

DATE
STATE OF GEORGIA
COUNTY OF _____
SIGNATURE AND TITLE OF THE EMPLOYER

SUBSCRIBED AND SWORN TO BEFORE ME THIS
____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

EMPLOYER REQUEST FOR CONCEALED WEAPON PERMIT

This form must be completed by the employer and accompanied by an application for a concealed weapon permit for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a concealed weapon must be made, with complete justification in support of the request.

TO : Georgia State Board of Private Detective & Security Agencies

FROM : _____
Print Name of License Holder for the Company

Company Name and License Number

RE : Request for Concealed Weapon Permit

I hereby make request for a concealed weapon permit to be issued to _____.
Print Name of Employee

I have detailed below the specific duties that the employee will be assigned, along with complete justification of the necessity of carrying of a weapon in a concealed manner:

I certify and declare that the information presented in this request for a concealed weapon permit is a true description of the actual job duties that are or will be assigned to the above-named employee and a true representation of the facts in support of the necessity for carrying a concealed weapon in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for concealed weapon permit will be grounds for disciplinary action by the Board up to and including revocation of my license.

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

SIGNATURE OF THE LICENSE HOLDER

DATE

FOR OFFICIAL USE ONLY

Type of License:

- Reinstatement**
- Private Detective Company**
- Private Security Company**
- Private Detective/Security Company**
- In-House Security Company**

Checklist Items:

- Application Fee**
- Exam Fee**
- Proof of Experience**
- Fingerprint Results**

- All Questions Answered**
- Employee Registration Application**
- Security Company Licensee with No Weapon Requested**
- Employee Registration Fee**
- Range Scores**
- If Concealed Weapon Requested, Written Request for Concealed Weapon Attached**
- Corporate Documents**
- Proof That Designee is a Corporate Officer**

Approved (Approval is for exam, weapon permit, and license upon successful completion of exam and receipt of required items.)

Approved Pending: (List pending items)

Disapproved (Disapproval will require applicant to submit a new application and fees in order to pursue licensure.)

Comments:

Board Members' Signature:
