**STATE OF MINNESOTA**

Board of Private Detective and Protective Agent Services 1430 Maryland Avenue East, St. Paul MN 55106

**INFORMED CONSENT RENEWAL FORM**

Company Name:

Street Address:

City:

State:

Zip Code:

Date:

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| **PLEASE PRINT FULL NAME** |
| Last: | First: | Middle: |
| **DATE OF BIRTH (MM/DD/YYYY):** | Sex (M or F): |
| **MAIDEN NAME and/or OTHER NAMES USED** |
| Last: | First: | Middle: |
| Last: | First: | Middle: |

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| **APPLICANT ACKNOWLEDGEMENT AND VERIFICATION** |
| PURSUANT TO MN STATUTE 326.3381 I AUTHORIZE THE MINNESOTA BUREAU OF CRIMINAL APPREHENSION TO DISCLOSE ALL CRIMINAL HISTORY RECORD INFORMATION TO THE MINNESOTA BOARD OF PRIVATE DETECTIVES AND PROTECTIVE AGENTS FOR THE PURPOSE OF LICENSURE RENEWAL.THE EXPIRATION OF THIS AUTHORIZATION SHALL BE ONE YEAR FROM THE DATE OF MY SIGNATURE.**SUBJECT SIGNATURE: DATE:**  |