



**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:		

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:

APPLICANT ACKNOWLEDGEMENT AND VERIFICATION	
<p>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.</p> <p>THE EXPIRATION OF THIS AUTHORIZATION SHALL BE ONE YEAR FROM THE DATE OF MY SIGNATURE.</p>	
<b>SUBJECT SIGNATURE:</b> _____	<b>DATE:</b> _____